V.2

Library
of the
Academy of Medicine
Toronto
19359
Presented by
Dr. C. J. Hastings
1928

PUBLISHERS OF LAW BOOKS
PRINTERS AND BOOKBINDERS
The Carswell Company
LIMITED

Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation

http://www.archive.org/details/canadianjournalo02torouoft

Canadian Journal
OF
Mental Hygiene

VOL. II JANUARY 1920—OCTOBER 1920

LIBRARY
OCT - 8 2002
UNIVERSITY OF TORONTO

Published Quarterly by

The Canadian National Committee for Mental Hygiene

Publication Office: Montreal, Que.

102 College St., Toronto 207 St. Catherine St. W., Montreal

TWO DOLLARS A YEAR FIFTY CENTS A COPY

GENERAL INDEX TO VOLUME II—1920

AUTHOR'S INDEX

	No. Page
Clarke, C. K.—Juvenile Delinquency and Mental Defect	3—228
Clarke, E. K.—Survey of Toronto Public Schools	2—182
Devlin, F. E.—Occupational Therapy in a Mental Hospital	3—219
Doherty, C. E.—The Care of the Mentally Defective	3—207
Fernald, W. E.—After-Care Study of the Patients Discharged from Waverley for a Period of Twenty-Five Years	1— 97
Irwin, E. A.—An Experiment in Grading Children	2—186
Martin, C. F.—Psychiatry and Internal Medicine	2—137
Mathers, A. T.—The Work of the Manitoba Psychopathic Hospital	2—177
Morphy, A. G.—The Work of a Psychopathic Hospital	2—167
Mundie, G. S.—The Role of the Psychiatric Clinic in the Community	3—237
Noel, O.—The Parole of the Insane	3—233
Rogers, A. L.—The Message of Educational Psychology to Parents and Teachers	1— 60
Russel, C. K.—The Feeble-minded in Canada	1— 91
Smith, W. G.—Immigration and Defectives	1— 73
Southard, E. E.—Trade-Unionism and Temperament	2—153
Tait, W. D.—Psychology and Medicine	1— 87
White, W. A.—Childhood, The Golden Period for Mental Hygiene	2—144

SUBJECT INDEX

After-Care Study of the Patient Discharged from Waverley for a Period of Twenty-Five Years. Walter E. Fernald	1— 97
Almosts, The. (Rev.) Helen MacMurchy	3—285
British Columbia, Mental Hygiene Survey of the Province of	1— 1
Bureau of Social Hygiene Studies Female Delinquency	3—272
Canada, The Feebleminded in. Colin K. Russel	1— 91
Canadian National Committee for Mental Hygiene, The Work of. (Abs.)	1—124
— National Committee for Mental Hygiene, Second Annual Meeting of	3—246
— Red Cross Society and Mental Hygiene, The. (Note)	1—108
Care for Mental Cases Urged in Mississippi. (Note.)	1—123
— of the Mentally Defective, The. Chas. E. Doherty	3—207
Childhood: The Golden Period for Mental Hygiene. W. A. White	2—144
Cincinnati Federation Urges Eugenic Reforms. (Note.)	2—198
Clinics, Three-Day Consultation. (Note.)	3—279
Convict, The English. (Rev.) Charles Goring	1—131

	No. Page
Defectives, Immigration and. W. G. Smith	1— 73
Director of Prevention and After-Care, to Name. (Note.)	1—123
Doherty, E. E. (Obituary.)	3—289
Don Quixote of Psychiatry, The. (Rev.) Victor Robinson	2—200
Educational Psychology to Parents and Teachers, The Message of. Agnes L. Roger	1— 60
Effects of the War upon Population of English Hospitals for Mental Disease. (Note.)	3—278
Emotions and Their Mechanism in Warfare, The. (Abs.) Tom A. Williams	2—193
Employability of Soldiers as Affected by Functional Nervous Disorders of Warfare. (Abs.) Tom A. Williams	2—196
Experiment in Grading Children, An. Elizabeth A. Irwin	2—186
Feebleminded in Canada, The. Colin K. Russel	1— 91
German Conditions Grow Intolerable. Prostitution Increases as Mark Value Falls. (Note.)	3—274
Immigration and Defectives. W. G. Smith	1— 73
Individual as a Social Unit, The. (Note.)	3—280
Insane, The Parole of the. O. Noel	3—233
Intelligence and Social Valuation. (Rev.) Berry and Porteous	3—287
Juvenile Delinquency and Mental Defect. C. K. Clarke	3—228
Medicine, Psychology and. W. D. Tait	1— 87
Meeting of the Medical Superintendents of the Insane Asylums in the Province of Quebec. (Note.)	1—105
Mental Defect, Juvenile Delinquency and. C. K. Clarke	3—228
Mentally Defective, The Care of. Chas. E. Doherty	3—207
Mental Diseases and Uniform Statistical Reports on Insanity. (Note.)	1—110
— Examination Methods, Handbook of. (Rev.) S. I. Frantz	1—132
— Hygiene Survey of the Province of British Columbia	1— 1
— — , The Canadian Red Cross Society and. (Note.)	1—108
— — Convention. (Note.)	1—115
— — Clinics Now in Operation, 35 State. (Note.)	2—197
— — Clinic at Mount Sinai Hospital, A. (Note.)	3—279
— — Committee in France, A. (Note.)	3—283
— — , The State and. (Note.)	3—283
— — of Childhood, The. (Rev.) William A. White	3—285
— Inefficiency, Studies in. (Rev.)	2—203
— Status of Truants, The. (Abs.)	1—126
Message of Educational Psychology to Parents and Teachers, The. Agnes L. Rogers	1— 60
Military Psychiatry in Peace and War. (Rev.) S. S. Read	1—128
Mind and Its Disorders. (Rev.) W. H. B. Stoddart	1—129
More Accommodation for Insane and Defectives—New York State—(Note.)	1—122
Nervous and Mental Diseases. (Rev.) Church and Peterson	2—200
Occupational Therapy in a Mental Hospital. F. E. Devlin	3—219
Official Classification of Mental Diseases and Uniform Statistical Reports on Insanity. (Note.)	1—110
Ontario Neuro-Psychiatric Association, The. (Note.)	2—197
Pamphlet of New York State Institutions, A. (Note.)	3—280
Parole of the Insane, The. O. Noel	3—233
Power to Exclude Defective Children from Schools. (Abs.)	1—126

No. Page
Provision for the Early Treatment of Mental and Nervous in England. (Note.) ... 3—275
Psychiatric-Neurological Examination Methods. (Rev.) August Wimmer ... 1—132
Psychiatric Clinic in the Community, The Role of the. G. S. Mundie ... 3—237
— Social Workers Wanted. (Note.) ... 3—273
— — Work at John Hopkins, Course in. (Note.) ... 3—279
Psychiatry and Internal Medicine. C. F. Martin ... 2—137
— at Harvard Medical School, Teaching of. (Note.) ... 3—280
— Manual of. (Rev.) Aaron J. Rosanoff ... 3—287
Psychology and Medicine. W. D. Tait ... 1— 87
Psychopathic Hospitals, The Value of. (Note.) ... 1—119
— Hospital, The Work of a. A. G. Morphy ... 2—167
— — , The Work of the Manitoba. A. T. Mathers ... 2—177
Quebec, Meeting of the Medical Superintendents of the Insane Asylums in the Province of. (Note.) ... 1—105
Red Cross Aids in Treatment of Mental Patients. (Note.) ... 1—121
Report from the Department of Pathology and the Department of Clinical Psychiatry, Central Indiana Hospital for the Insane. (Rev.) ... 3—288
Role of the Psychiatric Clinic in the Community, The. G. S. Mundie ... 3—237
Schools, Survey of Toronto Public. E. K. Clarke ... 2—182
Social Work. (Rev.) Richard C. Cabot ... 1—130
Sociology for Social Workers and General Readers, An Introduction to. (Rev.) J. J. Findlay ... 2—203
Southard, Dr. Elmer E. (Obituary) ... 1—117
State and Mental Hygiene, The. (Note.) ... 3—283
Statistical Study of Intelligence as a Factor in Vocational Progress, A. (Abs.) ... 1—125
Studies in Mental Inefficiency. (Rev.) ... 2—203
Trade-Unionism and Temperament. E. E. Southard ... 2—153
Waste—Mental and Fianancial. (Note.) ... 1—123
When is a Moron not a Moron? (Abs.) ... 1—124
Vocational Education as a Preventive of Juvenile Delinquency. (Abs.) ... 1—127

DISTRICT	DUE DATE
Hillcrest	
Moss Park	
University	20-6-26
Woodbine	
Runnymede	
Yorkville	6-7-20
Parkdale	
Office	

Public Hospital for Insane
New Westminster, B.C.

Laboratory; Public Hospital for Insane
New Westminster, B.C.

Imbecile
Learning
His Trade

Recreation Grounds

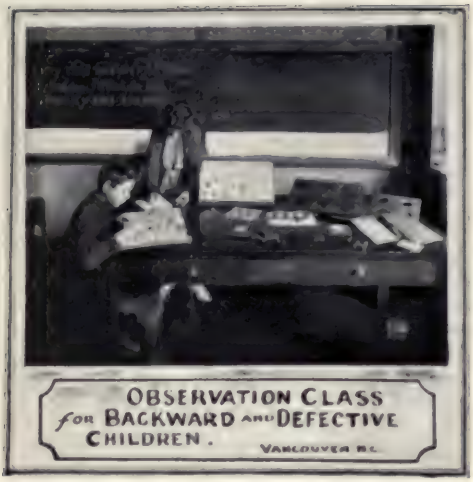
Provincial Mental Hospital
Essondale, B.C.

Patients Cutting Grain, Colony Farm

Repairing Road

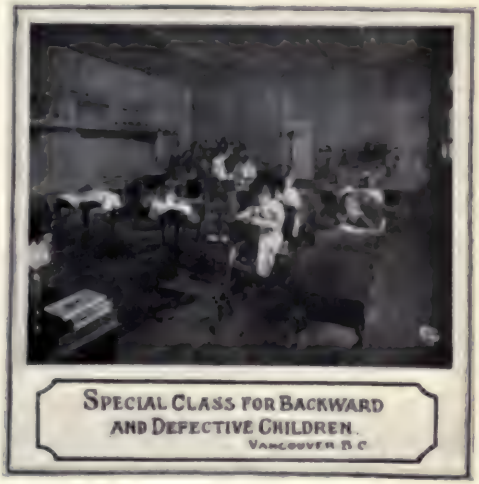
Laying Concrete Pavement

Construction Gang


OBSERVATION CLASS
for BACKWARD and DEFECTIVE
CHILDREN.
VANCOUVER B.C.

SPECIAL CLASS FOR BACKWARD
AND DEFECTIVE CHILDREN
VANCOUVER B.C

SPECIAL CLASS FOR BACKWARD
AND DEFECTIVE CHILDREN
VANCOUVER B.C


SPECIAL CLASS FOR BACKWARD
AND DEFECTIVE CHILDREN.
VANCOUVER B.C

EXHIBITION OF WORK
OF SPECIAL CLASS FOR BACKWARD
AND DEFECTIVE CHILDREN
VANCOUVER B.C.

EXHIBITION OF WORK
OF SPECIAL CLASS FOR BACKWARD
AND DEFECTIVE CHILDREN
VANCOUVER B.C.

GARDENING IN CONNECTION
WITH SPECIAL CLASS FOR
BACKWARD AND DEFECTIVE CHILDREN
VANCOUVER B.C.

EXTERIOR OF CLASS ROOM
FOR BACKWARD AND DEFECTIVE CHILDREN
VANCOUVER B.C.

CANADIAN JOURNAL
OF
MENTAL HYGIENE

VOL. 2 TORONTO, APRIL, 1920 No. 1

MENTAL HYGIENE SURVEY OF THE PROVINCE OF BRITISH COLUMBIA.*

CONDUCTED BY THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE IN 1919.

TABLE OF CONTENTS.

	PAGE.
Foreword	3-4
The Insane of British Columbia	4-13
Public Schools	13-28
Juvenile Delinquency	28-37
Dependent Children	37-39
Gaols	39-44
Prostitution and Illegitimacy	44-48
Immigration	48-51
Recommendations	51-59
Conclusion	59

*This report is published with the consent of the Hon. Dr. J. D. MacLean, Provincial Secretary of British Columbia. The original document was presented to the Provincial Secretary in October, 1919, and many of the recommendations were immediately put into effect. The following commendable progress should be noted—provision for the establishment of a training school for mental defectives on the Essondale property; arrangement for a new building at Essondale for acute cases of mental disease, and for the erection of a nurses' residence at New Westminster; abandonment of the present building used as an Industrial School for Boys; extension of the Special Class system in Vancouver Public Schools, etc., etc.

MENTAL HYGIENE SURVEY PROVINCE OF BRITISH COLUMBIA.

FOREWORD.

AT the request of the Honourable Dr. J. D. MacLean, Provincial Secretary of British Columbia, the Canadian National Committee for Mental Hygiene, undertook a survey of the Province of British Columbia in the month of June, 1919. The study included an examination of conditions in connection with the insane and mental defectives, and was conducted with care and thoroughess.

In a sense, a good deal of well known territory was re-covered as the medical director had made an inspection of the hospitals for the insane during December, 1918, and was also familiar with the conditions existing some years prior to that time, having been requested by the British Columbia Government to make a report on the New Westminster Hospital for the Insane.

During the present survey, while much attention was devoted to affairs connected with the care and treatment of mental disease, yet, as has been stated, an intensive study of defectives in schools and instutitions was also made.

Before presenting the formal report it might be stated that everywhere we received a cordial invitation to inspect the management of each institution visited, and the wish to co-operate with us in every way possible was apparent. This made the task easy of accomplishment, and we felt that the people of British Columbia were fully alive to the importance of making social reforms wherever it is possible to institute them. The Province generally is to be congratulated on the progress made in the care and treatment of the insane, and on its recognition of the fact that defectives, whenever possible, are to be cared for and educated along lines that stand for the betterment of the individual, and the protection of the public. The industrial classes in the Vancouver schools in particular, are an object-lesson to be studied. Nowhere in Canada have similar advances in the development of certain grades of defectives been made, and while the final stages of the problem have not yet been worked out, it is apparent that the provincial and municipal authorities will not be satisfied until British Columbia is beyond reproach in these matters.

Among those to whom we were particularly indebted for many kindnesses and attentions are the following: Hon. J. D. MacLean, Dr. C. E. Doherty and staff, Dr. J. G. MacKay, Dr. H. E. Young, Mrs. Moody and members of the Board of Education, Vancouver, members of the Board of Education, Victoria; Mrs. Helen G. MacGill, Judge Shaw, Superintendents of institutions visited,; Inspector Gordon, Miss Dauphinee, Miss Lindley, Principals and staffs of schools visited; Miss Winn, Local Council of Women, Victoria; members of Rotary Club, Vancouver; Dr. McEachren, members of the Canadian National Committee resident in Vancouver, and others.

THE INSANE OF BRITISH COLUMBIA.

We must congratulate the Government and the able psychiatrists under Col. C. E. Doherty, for the progress made, and although the war has impeded advance, just as has happened everywhere in Canada, the outlook for the future is hopeful. It is true that custodial care has been the goal aimed at to a great extent in the past, but after reading the admirable reports furnished the Government by their chief psychiatrist, Dr. Doherty, it must be admitted that the adoption of the schemes proposed would result in a satisfactory condition of affairs at an early date. The West has the advantage of not being hampered by a host of traditions which often impede progress, and the people show an initiative and desire to make advances that must inevitably lead them to success. They are not wedded to the idea that they are beyond criticism in their institutions, and so, are prepared to accept modern dictums regarding the care of the classes in whom we are interested. With the opening of the psychopathic hospital in Winnipeg, and the development hoped for in British Columbia, it may truly be said that the West is setting the pace for the East to follow as best it may.

The chief hospitals for the insane in British Columbia are those at New Westminster and Essondale. These institutions are, to all intents and purposes, under one management—New Westminster receiving nearly all of the cases admitted, while Essondale is entrusted with the care of chronics (males) who are transferred from New Westminster.

Theoretically the arrangement is admirable, although it does not accomplish all it sets out to do. New Westminster Hospital for the Insane is splendidly situated on a hill overlooking the Fraser River, but has never been a satisfactory institution from the structural standpoint, and at the present time is far too small to furnish

the accommodation required. For example, many of the rooms designed to be occupied by one patient have two beds assigned to them. The housing of two patients in one room is a direct contravention of the rules laid down in any well regulated hospital for the insane. Bitter experiene has often shown that the custom is dangerous, and is the cause of many serious accidents, that are indefensible. Even the history of Canadian hospitals will furnish incidents illustrating the tragic nature of the events likely to be the outcome of such an arrangement. The insane when left to their own devices, no matter how harmless they may appear, often develop impulses and actions that cannot be foretold. If the condition at New Westminster is the outcome of lack of room for the applicants for admission, the remedy is to furnish further accommodation. We were told that the selection of patients for these rooms was most carefully made, and no doubt such is the case, but we can find no justification for the continuance of a custom so fraught with danger.

Admirable as the management of New Westminster is, yet those in charge have a task imposed on them that is unfair. They are forced to accept all mental types, from idiocy, and acute insanity, to senile dementia, and while they run the whole gamut from defect to far advanced disease, they have no means of making a proper classification. Owing to conditions of overcrowding, and want of space, the staff is asked to do the impossible. The demands of the modern hospital for the insane are quite as exacting as those of the general hospital, and until this fact is recognized no real progress can be made. It cannot be said that British Columbia has been penurious in making expenditures for the care of its insane; indeed, Essondale might be classed as having adopted too elaborate a type of construction. However, if a mistake was made it was on the right side of the account. Too frequently the tendency is to run to the opposite extreme, and many structures of cheap and shoddy construction are inadequate for the purpose designed.

Just before the war began, a training school for psychiatric nurses was established at New Westminster, but was necessarily disorganized during the absence of so many of the staff. It is now doing excellent work. A two-year course is provided—the instruction being given by Drs. Doherty, Steeves, Crease, McAllister and Ryan. The value of training schools for nurses has long since been established. Not only has the trained nurse justified herself in hospitals for the insane, but no institution without a training school should be called a hospital. The male wards should, in our

opinion, be placed under the control of women nurses. In no profession has woman shown her genius more than in that of nursing, and while few would argue that in the men's wards a certain proportion of male nurses should not be found, on the whole, the more important part of the care of the insane hospital population should be left to women. They do the work with intelligence and have a humanizing influence that is of especial value in the care of the insane. In other words, the hospitalization of institutions for the insane should mean exactly what it says, and experience has proved that the woman nurse is admirable in such hospitals.

The question of the housing of the nurses in suitable homes should be taken up both at New Westminster and Essondale. It is preposterous to think that those who are caring for the insane should not be free from the worries incidental to their work for some period of the twenty-four hours. When they are required to sleep in rooms connected with the wards it can easily be seen that conditions are far from ideal. One of the first additions made to existing institutions should be in the form of homes for nurses. The schools for nurses should be so organized that they will attract the best types of young women. Whenever this is done the result is to establish even institutions for chronics, on a new basis. The public appreciates such an advance and the friends of patients admitted to hospitals for the insane realize that intelligent and skilled treatment is to take the place of mere custodial care. It has become the habit to regard all mental maladies as incurable, and to relegate the patients suffering from those diseases to the scrap heap. This seems like a strong statement, and yet many of the so-called hospitals for chronics cannot by any stretch of imagination be placed in any other category.

Many admirable features exist at New Westminster, and although the medical staff is far too small, yet there is evidence that the scientific part of the treatment of patients has not been neglected, and the physicians are full of enthusiasm for their work. They cannot, however, work twenty-four hours in the day, and when it is remembered that in modern hospitals devoted to acute cases, a staff of one physician to each hundred patients is regarded as desirable, New Westminster is not to be called over staffed. Without time for investigation, hampered by a mass of routine and clerical work, assistants are apt to lose their zeal for investigation and research, and eventually become fossilized and useless. Nowhere is this tendency to be combated so much as in hospitals accumulating a large proportion of chronics who cease to be interest-

ing if allowed to sink into ruts where individuality is lost. In other words, the moment the individual is forgotten in a herd, his chance of improvement has practically gone. During the war it was not possible to provide assistants in sufficient numbers in any of the Canadian hospitals; that argument no longer applies, and the young men who saw numerous cases of the neuroses and psychoses at the front, should prove almost invaluable as assistants, but care should be taken to stimulate them to their best efforts.

An excellent pathological laboratory at New Westminster furnishes opportunity for a qualified specialist to develop this important side of the work, and he should be placed in such a position that research may be regarded as being a necessity as much as mere pathological examination. This point of view evidently appeals to the New Westminster staff, and already their investigations regarding the prevalence of syphilis among their patients furnishes some facts of striking significance to those who are anxious to know how great a part this particular venereal disease plays in the development of insanity. When it is learned that 12% of the admissions proved to be syphilitic, the inference regarding the prevalence of this disease in the province is plain, and when it is further learned that 80% of the males and 20% of the females, who gave what is known as the Wassermann reaction, were found to be suffering from general paralysis of the insane, the importance of prevention is emphasized. This information is all the more valuable, because it was the only accurate statement we could get in British Columbia regarding the prevalence of venereal disease—a disability that is apparently quite common. The attitude of the British Columbia medical profession, as a whole, in regard to these things, was probably a little more apologetic than is the case in the East, but if the figures gleaned in the New Westminster Hospital have any significance, the sooner the complete facts in regard to conditions generally in the province are laid bare, the sooner will remedies, educational and restrictive, be applied. This reference to spyhilis is merely introduced to show the value of research work in psychiatric medicine.

The records at New Westminster, in view of the smallness of the staff, are excellently kept, and the photographic records the best we have seen. Even these play an important role in the realm of research and furnish a mass of invaluable material, illustrating as they do so graphically the different phases of mental disease.

The form of admission is not satisfactory, as theoretically at least, the majority of insane people have to suffer the indignity of

having to appear before a magistrate upon somewhat the same plain as a criminal. A proportion, by no means small, must suffer incarceration in jail. No provision for voluntary admissions apparently exists, but one excellent and much to be commended provision is to be found inasmuch as the medical superintendent must receive every properly certified patient, whether there is a vacant bed or not. This feature is one that saves friends and patients much unnecessary suffering when the superintendent is one of the type, sometimes encounted, demanding the execution of a thousand and one technicalities before condescending to receive the patient who is, in the meanwhile, suffering for want of treatment. We can understand the necessity of the law in force, particularly in British Columbia, where travelling is so difficult and distances are so great.

The jail system, except in extreme cases, should be done away with, and provision made for voluntary admission. In other words, why should acute mental illness be put on a different level than is the care of physical disability in general hospitals? The remarks made on a similar situation in Manitoba apply here. Writing of the form of admission there, we said, "The whole system of admission to the hospital for the insane in Manitoba should be revised, and an effort made to remove the stigma undoubtedly placed on anyone who has to be sent to such an institution under the present law. The only argument we heard urged in favor of the system in vogue is that it provides a proper safeguard against sane persons being improperly placed in confinement. The argument is a fallacious one, as magistrates are just as prone to make mistakes as physicians. After all, what does practical experience teach us in communities where the services of a magistrate are not required? Theoretically scandals might be possible in private sanitoria, but in public institutions they are practically unheard of. Occasionally a patient suffering from acute delirium, such as that connected with fevers or meningitis has been sent to a hospital for the insane by mistake, but the deliberate incarceration of a sane person for improper and dishonest reasons is almost impossible. In the first instance, the magistrate would not be able to make a fine medical diagnosis; in the second, his usefulness would be doubtful, and the officers of the hospital would be persons to correct the abuse. Such cases, however, exist largely in the minds of a credulous public. Now, the intelligent method of admissions seeks to remove the suspicions of the public in regard to institutions and to recognize that insanity is a disease, not a crime."

The methods employed in the Province of Ontario as a whole, are simple and satisfactory, and might be adopted with some modifications and improvements.

First of all, voluntary admissions properly safeguarded, should be provided for and employed as frequently as possible. The form attached works out very well indeed in every-day practice, and is a comfort to patients who have some insight into their mental condition. This does away with a certain amount of publicity and criticism dreaded by the hyper-sensitive sufferers from various forms of depression, or even mild excitement.

The ordinary admissions should be made on the certificates of two properly qualified physicians, after the superintendent of a hospital for the insane has made an examination of a preliminary form of history to be filled in by the physician in attendance.

The preliminary form of history need not require the elaborate details which should be obtained subsequent to admission. This useless delay in obtaining admission in some provinces takes place during the gathering of facts to fill in the cumbersome forms supplied. The information asked for is invaluable after the patient has been admitted, but not necessary when admission is urgently required.

Such a form as the following might be used in granting admission to voluntary patients.

FORM OF APPLICATION

For the Admission of a Voluntary Patient

To the Hospital for Insane at .....

I, ... of the ..... of ..... in the County of ..... being ..... request the Superintendent of the Hospital for the Insane at ..... to admit me as a voluntary Patient and I hereby pledge myself to remain in the said hospital at ..... for a period, not exceeding one year, which the said Superintendent may deem necessary to effect a cure in my case, and I further pledge myself to give at least ten full days' notice in writing to the said Superintendent of my intention to leave the said Hospital for the Insane; and I further pledge myself to submit to the rules and regulations of the said Hospital now in force, or which may hereafter be enacted, and to carry out, or assist in carrying out, all the directions which the said Superintendent may give for my treatment.

Signed this ..... day of ..... A. D. 19..... at ..... in the County of ..... in the presence of .....

I hereby testify that the above-named person .....
is as stated in the above application a ..... and that he is a reasonably hopeful subject for treatment with a view to effecting a cure of his malady.

..... M. D.

Dated at ..... A. D. 19.... Address .....

During our visit in June the wards of the hospital were, to all intents and purposes, emptied of patients, and a majority of these were to be found in the beautiful park at the rear of the institution, an ideal spot for the purpose. Owing to the mild climate it is possible to keep the wards empty for many months in the year, and as suitable recreation is provided, the airing court feature, so depressing at many institutions, is avoided. This was, of course, regarded as admirable and desirable, and yet an investigation showed that the hospital was without adequate resources in the way of providing suitable occupation for a large proportion of the inmates. While it is true that a number are employed, this number is far too small to meet the modern requirements, but if occupational therapy were adopted as a policy to be followed consistently, the results would be gratifying. The war has produced a host of well qualified teachers, whose services could be secured with the greatest benefit to the patients in hospitals for the insane. The management are fully alive to the importance of this development, and merely require the financial aid necessary to institute this commendable reform. This aid would consist largely in providing qualified teachers and well equipped shops. Occupation is not only a substitute for restraint, but is also a therapeutic measure of value.

The necessity of a well organized Social Service Department in connection with New Westminster and Essondale is freely admitted, but up to the present nothing has been done to organize such a department. Social service has long been recognized as a *"sin qua non"* in general hospitals, and is of equal importance in hospitals for the insane. It is always well to avoid having patients develop the hospital habit, if possible, but it is impossible to avoid this without the assistance of well trained social workers who can exercise intelligent supervision over the patients who might win their way to improved health and freedom under the intelligent supervision of social service workers. The Province of British Columbia is peculiarly in need of such a social service organization on account of the character of the country and its scattered population. Trained workers

are now easily available, and their employment would in reality mean an economy to the government, as it would relieve them of the burden of maintenance while the individual was on probation.

At New Westminster and Essondale the absence of mechanical restraint was commendable, and with the development of occupational therapy on an extensive scale, the result will no doubt be the complete disappearance of this objectionable feature of hospital management.

The question of the treatment of acute cases is not lost sight of at New Westminster, and the hydro-therapeutic equipment, which we regard as of the greatest importance, is fairly adequate. This brings us to the most glaring need in British Columbia, and no matter what ultimate policy is adopted in regard to the treatment of recent cases of insanity in the public institutions, the question of their immediate care, without the hamperings of red tape and routine, should be first considered. We looked over the University buildings in connection with the General Hospital and find that at least two will lend themselves admirably to the purpose of providing a psychopathic hospital containing thirty or more beds with the best types of modern equipment for suitable treatment. The day has passed when it is necessary to draw attention to the importance of psychopathic wards in connection with every general hospital, and with conditions for their establishment as ideal as they appear to be in Vancouver there can be no excuse for delay in providing them.

Insanity has generally been relegated to the "impossible" column by general practitioners in medicine because clinical studies were neglected, due to the lack of material for the student and interne in hospitals, and because the subject of psychiatry was forgotten for the great part in medical schools. Progress is now being made, and more and more has the importance of psychiatry been forced to the front by the developments of the war. Not only must the rights of the insane to early scientific treatment be recognized and provision made for this in connection with general hospitals, but physicians and students must be put in the position of seeing and learning more of the disease and its treatment. In this connection psychopathic wards at the Vancouver Hospital would not only prove a boon to the community, but would form a clearing house for many cases before being sent on to the Hospital for the Insane.

Of course, psychopathic wards would not meet the wants of the whole Province, but should be supplemented by the erection of a

Psychopathic Unit either at New Westminster or Essondale, as the Provincial psychiatrists think best. This should contain everything necessary in the way of equipment, to bring it up to the most modern requirements, and should also have provision for extensive research work. It must be remembered that in no branch of medicine is research more necessary than in psychiatry, and Canada has her part to play in the advancement of knowledge. This aspect has been practically neglected in the past, and now that this country has established its name among nations it has assumed many new obligations.

Convalescent Home.

A convalescent home, situated on one of the delightful sites available on government properties, is not only desirable, but in our opinion necessary. As the number of patients convalescing at one time is never large in psychopathic hospitals, such a home would not be an expensive place to build, but would soon pay for itself by the reduction of overhead charges in the case of patients cared for in it. Those who are familiar with hospital life realize how difficult it is to treat patients recovering from mental diseases in a hospital, and often there is a period when they are well enough to go to a convalescent home of the right type. It would not be safe to send them to their own residences, because they would be at once subjected to conditions that were prominent factors in the development of the psychosis. However, the arguments in favor of this plan are obvious, and it is unnecessary to elaborate them.

Saanich.

We found a small number of male patients (chronics) occupying a part of the jail building at Saanich, on Vancouver Island. Generally speaking they were comfortably housed in dormitories apart from the jail proper, and as a temporary expedient, until the crowding at New Westminster is relieved from its unduly large proportion, no exception can be taken to the arrangement. The question, could Saanish be converted into a satisfactory institution for the care of chronics, was asked. The reply is, that to do so would require an enormous expenditure of money without justification for such expenditure. The buildings in their present condition are impossible; they are of such a character that it would cost as much as the price of a new building to reconstruct them, and finally, there is no reason for the addition of a new hospital for the insane at the

present time. The overhead charges would be in addition to the annual budget, quite uncalled for and inadvisable as a reduplication of staffs already existing at New Westminster and Essondale would be inevitable.

Essondale Hospital for the Insane.

This hospital is established some 24 miles from Vancouver, and is devoted practically to the care of the chronic insane. Essondale is a comparatively new building, and is only part of a scheme to be developed when the parent institution at New Westminster is abandoned. It is magnificently situated on a bench overlooking the Fraser River, and has a splendid farm of 1,300 acres. The building is a very modern structure of the so-called fire-proof type, and has an appearance of comfort unknown in the majority of Canadian hospitals for the insane. It houses men only, and is a sort of glorified farm colony for chronic cases of insanity, and, as such, has much to commend it—that is, if custodial care alone is the one thing aimed at.

The dormitories are large, having 50 patients in each. If it were not for the fact that an excellent Plenum system of ventilation is employed one would suspect that these dormitories might easily become unpleasant if the fans were not running.

At the time of the medical director's first visit 635 patients were in residence. A special farm building provides accommodation for one hundred or more working patients. The herd of 150 Holsteins, kept to a certain extent by patient labor, is probably the finest on the continent, and many of the world's champions are to be found there.

The young men on the staff have scientific zeal, and are doing excellent work. The patients are well cared for and clean, and there is little criticism to make of the institution. What is lacks outside of scientific equipment is the humanizing influence of women nurses. Its wonderful flowers and nurseries for trees, its unique surroundings, and its many beauties, make Essondale one of the interesting chronic institutions on the continent.

PUBLIC SCHOOLS.

Aim of Investigation.

THE public school study was conducted to determine, among other things, the following:

(1) Proportion of mentally abnormal children in school population needing special attention.

(2) Present facilities for diagnosis and special training.

(3) Needed improvements.

Importance of Study.

This investigation was deemed important for several reasons. The determination of the proportion of mentally abnormal children throws an interesting side light on the larger question as to the percentage of abnormals in the general community. Of still greater importance is the fact that most criminals, prostitutes, paupers, and inmates of hospitals for the insane pass through the public school during childhood, and many of these charges of the state can be detected during school days. In other words, mentally abnormal school children may, in later years, recruit the ranks of the "ne'er do wells," and the social misfits, and it is important, to discover them during childhood, so that suitable training can be inaugurated at an early age. When viewed from this angle it becomes apparent that the public school offers a splendid opportunity for the prevention of the development of some of our most acute social problems.

Quite apart from the above considerations is the fact that mentally abnormal children constitute one of the chief sources of primary school inefficiency as far as the education of normal children is concerned, and, in addition, are factors in the spread of moral contagion. This statement has been found to hold true for those schools wherein abnormals are not segregated in special classes. It is therefore a prime importance to discover the proportion of children needing such segregation and to examine the present facilities for diagnosis, training, and treatment.

Scope of Investigation.

It was the aim of those conducting the investigation to study a sufficiently large number of school children in the province so that reasonably accurate deductions could be drawn for the remainder. Arrangements were therefore made for a routine examination of 2,273 children. In addition special examinations were

made in connection with certain groups of children—those in special classes, pupils in the Detention Home of the Juvenile Court, cases referred from New Westminster Schools, etc.

Care was taken to select for study, typical schools that would be fairly representative of the entire Provincial System. The list of schools investigated is given below, and a scrutiny of parentage and home conditions shows that the children examined came from all walks of life. Their parents were laborers, artisans, trades people, professional and business people.

School—McDonald (Vancouver); attendance, 412; parentage and home conditions: from laboring class homes. Children were, for the most part, untidy, poorly nourished, and showing evidences of poverty.

School—Henri Hudson (Vancouver); attendance, 535; parentage and home conditions: approximately one-third from homes of laboring people, the other two-thirds from homes of professional and middle class citizens.

School—Laura Secord (Vancouver); attendance, 376; parentage and home conditions: good homes. Parents Canadian born, for the most part, belonging to professional and better class trades people.

School—Central (Victoria); attendance, 950; parentage and home conditions: fairly good homes of professional and middle class citizens.

School—New Westminster; attendance, 28; parentage and home condition: (a selected group of children from various schools in the city).

Investigation of special classes:

In addition to the study outlined above, an investigation was made of the special classes for retarded children in Vancouver and Victoria, and an estimate was made of the value of this type of work.

Results of School Survey.

(1) *Proportion of mentally abnormal children in school population needing special attention.*

A routine examination of 2,273 children revealed the fact that 81 or 3.56% were mentally abnormal and required attention in separate classes.

The percentage of mental abnormality by schools is herewith presented:

School.	Attendance.	Mentally abnormal children requiring special training.	Percentage.
McDonald (Vancouver)	412	23	5.58
Henri Hudson (Vancouver)	535	21	3.91
Laura Secord (Vancouver)	376	8	2.12
Central (Victoria)	950	29	3.05
	2,273	81	

(While 2,273 children were given consideration, a mental examination was only given to those who were markedly backward in their school work, who were difficult to teach, or who presented conduct or emotional disorders or peculiarities.)

A more detailed account of the result of the survey in each school follows:

McDonald School, Vancouver, B.C.

Principal—Mr. Hemsworth.

Attendance, 412. Canadian Born, 60% plus; British born, 20% plus. A few Russian Jews and Austrians.

Home conditions, poor. No great distress at the present time. Children from laboring class.

General Notes.

Children attending this school were, for the most part, untidy, poorly nourished, and below par intellectually.

Results of Psychiatric Examination.

Low grade moron	3
Medium grade moron	7
High grade moron	12
Probable psychosis	1
Markedly backward	17

Percentage of mentally abnormal (not including pronounced backwardness) 5.58.

Note.

The high percentage of mental abnormality in McDonald School is probably accounted for by the fact that the children come from very poor homes, and no doubt an investigation of the mentality of the parents would demonstrate a fairly high incidence of mental defect.

HENRI HUDSON SCHOOL, VANCOUVER, B.C.

Principal: Mr. Wilson.
Date of Examination June 11th and 12th.
Attendance: 535.

Nationality of Parents.

The great majority are British, Scotch, and Irish born, many Canadians, and a sprinkling of Orientals.

Home Conditions, etc.

Approximately one-third of the children come from homes of laboring people. The other two-thirds come from the homes of professional and middle class citizens. For several years there have been few cases of actual distress in the neighborhood.

Results of Psychiatric Examination.

Every class room in the school was visited, and those children were selected for investigation who were either retarded in school work or who, in the opinion of the teacher, were mentally below par or peculiar in their moods or conduct. By such a system there was selected 37 cases for examination.

Imbecile	1
Medium grade moron	8
High grade moron	8
Psychosis	1
Backward (deafness)	2
Markedly neurotic	1
Markedly backward	14
Normal	2

In other words, there were in this school of 535 children, 21 who were mentally abnormal and who, on this account, required special class training. The percentage of mental abnormality was 3.91 —rather above the ordinary public school average.

LAURA SECORD SCHOOL, VANCOUVER, B.C.

Principal: Mr. Ramage.
Attendance: 376.
Nationality of parents: Canadian born for the most part.
Home conditions: Good.

Results of Psychiatric Examination.

Medium grade moron	2
High grade moron	6
Pronouncedly backward	8

Percentage of mentally abnormal in the school 2.12% (not including backward).

CENTRAL SCHOOL, VICTORIA, B.C.

Principal of Girls' Central School: Miss Wilkinson.
Principal of Boys' Central School: Mr. J. A. Cunningham.

Home Conditions, etc.

The children come from fairly good homes; indeed, the Central School can be considered a representative Victoria Public School. It is divided into 2 sections—one building, with its own Lady Principal, for the girls, and another building for the boys. In addition, there is a special class for backward children. In this special class, conducted by Miss Winn, approximately 14 children gathered from various parts of the city are given special training in handcrafts, school subjects, games, etc.

Psychiatric Examination (Children in the special class not included.)

Low grade moron	2
Medium grade moron	5
High grade moron	16
Epileptic	1
Distinctly neurotic	2
Borderline	3
Markedly backward	29

Percentage of mental abnormality, 3.05 (not including backward).

NEW WESTMINSTER PUBLIC SCHOOLS.

Through the kindness of Dr. J. G. MacKay, 28 children were referred from the New Westminster Public Schools for examination. These children were classified as follows:

Low grade moron	4
Medium grade moron	1
High grade moron	9
Neurotic	1
Borderline	7
Markedly backward	6

PRESENT FACILITIES FOR DIAGNOSIS AND SPECIAL TRAINING.

A most creditable beginning has been made in Vancouver and Victoria in connection with the diagnosis of mental abnormality in schools, and with provision for the training of those who are retarded or defective. An outline of the accomplishments along this line in Vancouver will be of interest not only to British Columbians but to Canadians generally, because the work, while not unique in the Dominion, has nevertheless been more highly developed in that city than in any other Canadian center.

VANCOUVER.

Several years ago the Board of School Trustees established two special classes for low grade feebleminded children. The experiment was watched with interest, and the satisfactory results obtained seemed to justify an extension of the work to include the training of higher grades of mental defect. In February, 1918, Miss M. Lindley, a formed assistant to Dr. H. H. Goddard, of the Vineland (New Jersey) Training School, was appointed school psychologist, and since then rapid strides have been made. Credit for recent accomplishments must be given not only to Miss Lindley, but to Miss Dauphinee, supervisor of special classes, and to the entire staff of fourteen who are carrying on the work. It would be difficult to find a more alert and energetic staff, all thoroughly interested in the problems presented and keen to employ most enlightened methods. A review of the work for the last year and a half is given in a recent report by Miss Lindley. It reads in part as follows:

"In February, 1918, I was asked to open a department in the Vancouver City School that would take care of the backward and defective children. For several years previous to this they had had two low-grade feebleminded classes. The teachers of these classes (one of whom is now our supervisor of special classes, and the other an assistant in the clinic) were women of vision who recognized that the problem of the moron is far more important than that of the low-grade defective. It was largely through their efforts that the Board were brought to see the necessity of an early survey and an organization along broader lines.

"In our organization we have followed to a great extent the plan so well worked out in the Seattle schools. We have a central clinic in which is an Observation Class. I make preliminary examinations in the schools and then have prospective special class subjects report at the Observation Class for a week. Here we make as careful a study as is possible of each child, finding specific abilities or specific defects and determining his pedagogical standing. The results are then given in a detailed report to his special class teacher, who is thus enabled to begin constructive work with him at once. We have an excellent medical department where our children receive careful attention and where an extra effort is made to correct their physical defects.

"At the end of June, 1919, there are in our department, 14 workers, with a strong possibility of five more being added in the fall. Our staff will then consist of 14 special class teachers, two manual training teachers, a supervisor of special classes, an assistant in the clinic, a field worker (who will do our family history work and also follow up our special class graduates as they leave us), and myself.

"In our course of study for the special classes most stress is laid upon manual work, and our recent exhibit of the children's work was a pleasant surprise to us all. Our manual training teacher has the right idea, viz., that the real value of the work is not the finished product, but the growth of the individual child. All our teachers are capable and enthusiastic and practically all are taking special training for the work this summer.

"It has been our endeavor to serve the whole public school system as much as possible. With that in view we have made a number of special surveys: they include a survey of the public school for the deaf, an orphanage whose children all go to public school, and the Girls' Industrial Home, a corrective institution for delinquent girls.

"The school connected with the Juvenile Court Detention Home is now one of our special classes, and that gives us all the work of the Children's Court. We have also examined the primary classes of a school in which the foreign element is very great. When you realize that we found 15 nationalities in these classes, and that in only 33% of the homes is English spoken, you will understand of what our foreign problem is.

"British Columbia has as yet no Training School for the Feeble-minded, but Parliament last session voted the land and money, and we expect the ground to be broken very soon. This will relieve us of many low-grade children and increase our capacity for the higher grades.

"Looking to the future, we expect to enlarge our scheme to include all kinds of deviate children: this will mean the crippled children, those with speech defect, preturbercular, etc. We hope to permanently segregate those who are a menace to society, and provide more specific training for those who will be able to live in the world; this will mean the opening of a trade school for our older boys and girls.

"Canada has now a National Committee for Mental Hygiene, and they have recently made a survey of the province. Their visit to us was indeed helpful. Their hearty co-operation and practical suggestions have given us a new impetus, and we look forward much more hopefully, since we feel that we are linked up with a larger field.

"It is impossible to pay sufficient tribute to Vineland for her part in the work here; with myself, of course, she has been my greatest inspiration. I have felt that the only way to show my appreciation is to infuse into my work the 'Vineland spirit,' and because I have such responsive and enthusiastic assistants, this has been easy."

Facilities for Diagnosis and Special Training in Victoria.

The Board of School Trustees of Victoria have provided one special class for retarded and defective children. Miss Winn, the teacher of this class, has had considerable psychological training and experience. In addition to her class room duties Miss Winn visits all the public schools in the city twice a year and gives a mental examination to those children who are referred to her by principals, teachers and nurses. An account of this special work is contained in a report entitled, "Special Class of Victoria Public Schools." Interesting extracts from Miss Winn's account are submitted.

Purposes.

"The Special Class was opened:—

"1. To provide a highly specialized training for such children in the Public schools as were not able to profit by the instruction of the ordinary class room.

"2. To afford an opportunity by means of laboratory methods, to make an intensive study of dull, backward, retarded, and mentally deficient children with reference to the peculiarities of their physical and mental development, and to the causes, care and treatment of subnormality.

"3. To offer all assistance possible to the regular teachers in connection with 'exceptional' cases in learning and discipline.

Housing and Equipment.

"The Special Class is housed separately in one of the old McGill Buildings. There is a class room, manual training room, office and two separate toilets. In the class room, desks and seats are arranged at one side only, leaving free space for games and exercises, and the placing of tables and chairs for kindergarten and hand work. In this room are two cupboards, one containing ordinary school room supplies, the other Montesori material, blocks, toys and games. In addition, there is a large rack containing individual spaces where each child may keep his handwork.

"The Manual Training room is equipped with 12 benches, each with a complete set of tools. Besides there are 10 complete coping saw outfits.

"For laboratory use we have a wet spirometer, an awdiometer, sight testing cards, some boxes and much testing material, such as is used in all modern laboratories.

"For the midday lunch, one warm dish is provided always on cold days, and milk for warm days. A fireless cooker (home made) makes it a simple matter to provide soup, stews, cereals, and boiled rice pudding. Hot cocoa is provided almost every day, and the children are encouraged to bring fresh eggs, which are prepared for eating at the school.

Selection and Number.

"In the Special Class we admit only the high grade imbecile and the moron, and of these only such as possess no marked physical stigmata or gross malformations. Parents who would never dream of complaining of the presence of any type in the regular

school, object most strenuously to sending their children to a Special Class if any member looks 'silly' or 'idiotic.' Since we are equipped for taking care of only a limited number, we resort to the delicate, even though sometimes cruel, practice of entering those who are unobjectionable in appearance.

"The Special Class teacher calls at each school twice a year and at any other time she is requested to. The Principal sends to her for examination all pupils who present problematic cases, and who are not making progress in their work. They are given the Binet test and many additional ones calling for an exercise of perception, judgment, common sense, memory, observation, attention, industriousness.

"The Nurse and School Physician are consulted to see what deterrent factors are removable. The home is visited by the teacher or principal to ascertain the conditions under which the child is living.

Method and Subject Matter.

"The instruction is mostly individual, as the variation in mental traits and mental development is so great. The awakening of the senses is the first and foremost necessity and for this purpose many special methods are introduced, many materials made use of, games, rhythm exercises, singing, dancing, are employed, both for motor training and for sense stimulation. Matching and sorting of colors, forms and textures; grading of forms of the same size, but differing in weight; exercises in tasting, smelling, touching are given frequently; in short, any and all sense training that will bring the child into closer contact with the world in which he lives . . . the world which, to the mentally deficient child, is largely one blurred and blustering confusion. The Montessori materials are of invaluable assistance in a Special Class, and the Montessori method of making the children responsible for the care and order of all materials used is a most excellent one. It costs a tremendous effort to instil the habit of orderliness into any child, and this is much more true in the case of the mentally deficient. Here habits are established at an enormous expense of time and energy, but the results are all repaying. We count no time too much to spend in explaining to each child just where everything belongs, and in insisting that the instructions be carried out. Habits of personal cleanliness and order are also emphasized, and exercises calculated to develop independence and responsibility are given much attention. For it is the 'unadaptiveness' of these children that consti-

tutes their chief weakness, and we must seek constantly to make them conform consciously to the customs and demands of normal people. All deficient children are anti-social in the sense that they never cease to be dependent upon others for their direction and control. The well-being of the group is an impossible idea with them, and co-operation and companionship are experiences to them unknown. While this condition is rarely, if ever, overcome, we can do much in a small way to promote a sense of fellowship and pleasure that comes from united effort. Projects are introduced which require the efforts of all, and each child is made to feel that his contribution in the way of work is indispensable. The social life of the Special Class must be made a prominent feature and many occasions must be furnished for the exercise of unselfishness and thoughtfulness. Each day, certain pupils are detailed to serve the others at luncheon, and parties are given often for the practice of good manners and quiet behavior, and to give each child a chance to play host or hostess.

"In the Special Class one-half of the time is given to formal or academic work, and one-half to handwork. It is the opinion of experts that with children who are really deficient the time spent in trying to teach them reading, writing and arithmetic is absolutely wasted, for the results achieved are in no way commensurate with the effort either of teacher or pupil, and the level of performance reached is so low, that they will never make any use of this knowledge. At present the practice is retained simply and solely as a compromise to the parents who never give up the idea that their children can somehow be 'brought on' to be normal. The case is entirely different with children who are merely dull or backward, though even here experts agree that mental development can be induced much more rapidly by forms of manual training that call for exercises of judgment, discrimination and foresight.

Cost and Maintenance.

"The Special Class is a part of the regular public school system, and as such comes under the same rules and regulations with respect to maintenance, no extra assistance being given. The teacher is usually paid from $10 to $25 a month more than she would be under the regular schedule, and in cases where she has high academic qualifications for the work, she receives the same salary as those in whose rank she belongs academically.

"The cost per pupil is from 3 to 4 times that of one in the regular classes. But wherever the experiment has been tried, School

Boards and Superintendents have felt well repaid for the money expended, not only by the specific results achieved in the education of these children, but by the relieved condition of the rooms where these 'misfits' were always a source of worry to the teachers and pupils."

RECOMMENDATIONS.

VANCOUVER.

The facilities provided for the diagnosis and training of mental abnormals in Vancouver public schools must be commended. The work, however, should be extended and, after talking over the situation with Mrs. Moody and various other members of the Board of School Trustees, it was gratifying to learn that such a policy meets with hearty approval. At present there are ten classes for retarded children. Many more will be needed as time goes on to keep pace with the problem. The fact that nine new classes were established in the space of one year is a good indication that dilatory tactics are not employed in extending a system that has proven valuable. Aside from the needed establishment of special classes in every school community where twelve or more abnormals are in school attendance, the following recommendations are made for the improvement of the work:

(1) *Appointment of Psychiatrist.*

In the past the task of mental diagnosis has been entrusted entirely to a phychologist with the assistance, of course, of the medical inspection staff. The work has been well done from the psychological standpoint and the prolonged study of a case over the period of a week in the observation centre cannot be too highly commended. Experience has taught, however, that there are in attendance at public schools a considerable number of children who suffer from beginning mental disease, many children with character defects other than those of intellectual retardation, many neurotic, high strung, peculiar children, and other types that require for their understanding psychiatric experience (experience in all forms of mental disorders).

It is of fundamental importance that all abnormal children be diagnosed and properly treated during their school days. Up to the present the retarded and the defective have received special attention, but if we hope to cut down the high rate of insanity in

the community our efforts must embrace a regard for those children who may in later years develop mental disease. As has been said a mental specialist is needed for this special task.

It is therefore recommended that the part time services of a psychiatrist be secured by the Board of School Trustees. This appointment would in no way curtail the duties of the psychologist who would still employ psychometric tests. In Toronto excellent results are achieved through the co-operation of psychologists and psychiatrists in the study of cases.

In another part of the report a recommendation is made for the establishment of a Psychopathic Hospital in Vancouver. The director of that hospital might, in addition to other duties, give part time to school work.

(2) *Appointment of Social Worker.*

A social worker with mental hygiene training, would be of great assistance to the special class system. Such an appointee could with advantage make home investigations and the information gathered would be helpful in the making of diagnoses, and in securing the co-operation of parents and guardians as well.

It should be ever kept in mind that the function of the special classes consists not only in training, but in observation. A certain proportion of the pupils will eventually prove to be institution cases and their final disposal will depend upon a consideration of characteristics noted in school, and what is quite as important, noted in the home. The careful observation of children outside of school would, as has been stated, come within the scope of the social worker's duties.

Experience has taught that the particular type of home investigation required for this special work cannot be done satisfactorily by a school nurse unless she has had a training in social psychiatry (mental hygiene). The elucidation of a family history, for instance, with the aim of discovering the truth concerning mental and nervous characteristics of the family involved is highly specialized work and requires not only tact, but wide psychiatric experience.

The advisability of appointing a social worker was discussed with Mrs. Moody, Chairman of the Board of School Trustees, and the proposal met with her entire approbation.

(3) *Trade School.*

In her recent report, Miss Lindley expresses the hope that a trade school for older boys and girls be organized, so that provision will be made for the specific training of those who will be able to live in the general community. This proposal should meet with hearty endorsation.

It is well known that many adult feeble-minded are now in need of institutional care, largely because of the lack of early vocational training. The expenditures connected with a trade school will therefore save the city and the province much money in the end, and will make possible the social liberty of many who otherwise might need custodial care.

Victoria.

The recommendations made for Vancouver apply in a large measure to Victoria. There is need, among other things, for the organization of one or two additional special classes. Again, Miss Winn could, with advantage, utilize an assistant, to enable her to devote more time for psychological examination in the city schools and for home visits. By such an arrangement it would be unnecessary at the outset to appoint a psychiatric social worker. The supervision by a mental specialist of all children receiving special training is to be recommended, and much work might be done by the medical staff attached to the Colquitz Mental Hospital.

Recommendations Concerning Public Schools of Province (not Including Vancouver and Victoria.)

(1) *Diagnosis of Mental Abnormality.*

All the schools of the province should be visited from time to time by a psychiatrist for the purpose of conducting mental examination of those children who are either pronouncedly backward or peculiar. It is recommended elsewhere in this report that an itinerant psychiatric clinic be established in connection with the New Westminster Mental Hospital, and this organization might then be available for school work. At the outset it would be a large undertaking to investigate the mental status of every school child, although such a procedure is eminently desirable. The itinerant clinic could, however, make a most useful beginning by giving consideration to pronounced cases.

(2) *Special Classes.*

There should be established throughout the province special classes for backward and defective children in all school communities where there are registered from twelve to fifteen abnormals. To foster the organization of these classes it might be well for the Provincial Legislature to offer financial assistance to local school boards for the work.

JUVENILE DELINQUENCY.

ONE of the most useful studies conducted by the Committee in British Columbia was in connection with juvenile delinquency. Considerable time was spent in an endeavour to glean information concerning the following:

(1) *Proportion of mental abnormality among juvenile delinquents.*

(2) *Nationality of offenders.*

(3) *Present facilities for diagnosis and treatment.*

Investigations included a study of the following organizations: Vancouver Juvenile Court and Detention Home, Provincial Industrial School for Boys (Vancouver), and the Girls' Industrial School (Vancouver).

(1) *Proportion of Mental Abnormality Among Juvenile Delinquents.*

A mental examination was given 155 juvenile offenders, and of this number 91 were discovered to be mentally abnormal. This constitutes a percentage of 58.70. A more detailed account of the investigation appears in the following tables:

TABLE I.

Organization.	No. examined	No. abnormal	%
Detention Home and Juvenile Court	19	16	84.21
Prov. Industrial School for Boys	88	40	45.45
Girls' Industrial School	48	35	72.91

TABLE II.

Examination of 19 children in Detention Home.

Normal	3
High-grade moron	10
Medium " "	2
Low " "	2
Imbecile	1
Dementia Præcox	1
Mental abnormals 16 — 84.21%	

TABLE III.

Examination of 88 Boys in Industrial School.

Apparently normal	28
Backward	11
Primitive (undeveloped intelligence)	3
Borderline (diagnosis not determined)	2
High-grade moron	20
Medium " "	15
Low " "	4
Moral imbecile	1
Mental abnormals 40 — 45.45%	

TABLE IV.

Examination of 48 Girls in Industrial School. (Investigation conducted by Miss Lindley, Psychologist, Vancouver Schools.)

Normal	8
Dull normal	5
High-grade mental deficiency (requiring careful supervision, but not necessarily prolonged institutional care)	24
Mental deficiency requiring constant custodial care	11
Mental abnormals 35 — 72.91%	

(2) *Nationality of Offenders.*

The nationality of 140 juvenile delinquents was determined, and it was found that 62.86% were Canadian born (the Canadian born population of B.C., according to 1911 census, was 43.14%).

The following chart indicates nationality according to the institution studied:

	Detention Home	Girls' Industrial School	Boys' Industrial School
Canadian	12	25	51
English	2	4	10
United States	5	4	10
Scotch		3	5
Maltese			1
Irish			1
Newfoundlanders			1
Russian			1
Chinese			2
Italian			2
Norwegian			1

(3) *Present Facilities for the Diagnosis and Training of Abnormal Delinquents.*

Diagnosis: Cases passing through the Juvenile Court, and those committed to the Detention Home and Girls' Industrial School, are given a psychological examination by Miss Lindley. While this work is to be commended, it should be stated that since there is a limit to human endurance, the school psychologist can hardly be expected to cover the field of juvenile delinquency in addition to canvassing the public school problem in a city the size of Vancouver.

When there is established a training school for defective delinquents—a need that will receive consideration shortly— there will develop an added significance to the mental examination of these cases. It will then be found advisable to secure a thorough medical, psychological and psychiatric investigation of each child. The latter study might well be conducted by the staff of the proposed Psychopathic Hospital.

Training: There is no institution in the province especially designed to afford training for mentally abnormal delinquents. This unfortunate condition of affairs should be rectified at an early date. British Columbia, like the other provinces of Canada, has apparently proceeded on the basis that the problem of juvenile delinquency was one involving only normal children. This preconception has led to the time honored system of placing offenders on probation or in reformatories with the hope of a successful issue.

Failure, instead of success, has frequently been the result after painstaking and conscientious efforts along this line. Why should this be the case? A scrutiny of the Committee's findings in connection with the mental examination of 155 juvenile offenders in the province no doubt provides an answer. The study referred to demonstrates that 91 children of the entire 155 were mentally abnormal—the great majority being feeble-minded. With this information in mind we could not expect the ordinary parole system or the industrial school to be effective reformatory agencies—certainly not for the 91 abnormal children in question. We would also be fearful that perchance the industrial schools might be hampered in exerting a good influence on their normal charges since they are called upon to deal with a mixed population of normals and abnormals.

These comments are not intended to belittle the value of the probationary system or the industrial school. No doubt both are useful for selected cases. The point, though, should be urged that the chief problem of juvenile delinquency is connected with those children who do not benefit by the agencies mentioned. Therefore the necessity of providing specialized facilities for their training and supervision.

Before making definite recommendations along this line a few notes will be submitted concerning the Juvenile Court, Detention Home, Industrial School for Boys and Industrial School for Girls.

Juvenile Court, Vancouver, B.C.

Judges: H. C. Shaw, Esq., Mrs. Helen G. MacGill.
Chief Probation Officer: N. W. Collier, Esq.

The Vancouver Juvenile Court made a most favourable impression. We found the court chambers well adapted for the work and quartered in the same building as that used by the Detention Home at 2532 Pine Street.

It was noted with interest that the Court met twice a week and that the girls received attention at the hands of a capable woman Judge, Mrs. MacGill, while Judge Shaw dealt with the boys. Each case is thoroughly investigated by Mr. Collier, chief probation officer and his assistants, before judgment is passed. As in all well regulated Juvenile Courts, the disposal of the children is determined quite as much by the careful consideration of environment and other factors as by a scrutiny of the nature of the delinquency itself.

The Court is conducted with due regard to legal formalities as far as the taking of evidence is concerned, and it was noted with pleasure that both Judges dealt with each case in a common sense parental fashion. Mrs. MacGill always took occasion before making the final disposal of a girl, to set forth the dangers of bad conduct and to urge the adoption of good habits.

The strong arm of every Juvenile Court consists in its probation system, and this part of the work is well developed in Vancouver. Mr. Collier makes it his business to obtain an intimate knowledge of all the facts pertaining to each case, and frequently settles matters out of court that are best handled in this way. When children are placed on probation, an earnest attempt is made to secure wise supervision, either through the officers of the court or through the agency of churches, philanthropic organizations or suitable individuals. It was pleasing to learn that good results are often the reward for these painstaking efforts. Information was given though, to indicate that the mentally abnormal child did not react well to ordinary probation methods.

Mr. Capon, one of the probation officers, makes a nightly round of the down town section to discover those juveniles who are walking the streets late at night, and those who attend theatres and pool rooms unaccompanied. A curfew law is in force in Vancouver prohibiting children under 16 years of age from walking the streets after ten o'clock unless in company with adults.

Members of the Committee took occasion to spend two hours with Mr. Capon on his nightly vigil. We saw many young girls on Granville Street openly soliciting men, but learned that the Juvenile Court had no control except in cases of girls under 16 years of age. It is a pity that such should be the case—there seems to be no good reason why the age limit could not be raised to 18.

Detention Home of Juvenile Court, Vancouver, B.C.

Superintendent: H. W. Collier, Esq.
Matron: Mrs. Collier.
Accommodation: 15 Boys, 5 Girls.
In Residence, 13.

The Detention Home is located, as has been said, in the same building utilized by the Juvenile Court. It serves as a clearing house for many of the Court cases. Children may be detained for observation for limited periods and for training and supervision.

None of the cases are kept for more than a few weeks. Adequate precautions are taken in the arrangement of the dormitories, etc., for the segregation of the sexes.

A school room is attached to the Home and is designated Room 14 of Fairview School (a nearby school) to avoid stigmatization of pupils. All the inmates of the Home are in school attendance, and, in addition, certain other children under court supervision, who live at home, attend the class.

When not in school the children play games, or are occupied in scrubbing, polishing floors, washing dishes, etc.

The teacher of Room 14, attached to the Vancouver Public School staff, intimated that a large proportion of her children were difficult to teach and were, in her opinion, probably mentally deficient.

The Detention Home forms a most useful link in the chain of organizations which deal with juvenile delinquents. It is of particular value as an observation centre, and this value will be enhanced when psychiatric, as well as psychological, examinations are employed.

Provincial Industrial School for Boys, Vancouver, B.C.

Superintendent: Mr. Donaldson, 10 assistants.

Capacity: 100; present number: 88.

The Provincial Industrial School for Boys was built in 1902 on the outskirts of Vancouver on seventy acres of land (twenty-five of which are cleared). The building is now out of date, in a very poor condition of repair, and is a veritable fire-trap. There is practically no accommodation for the boys when the weather is inclement, other than in their dormitories. There is no equipment for suitable industrial training for the inmates. The carpenter shop has not been in operation for the last two years. There is, however, a boot making department and this, in addition to farming, provides the only facilities for out of school occupation. There is one class room in the main building and one teacher. An arrangement is made by means of which all the boys attend the school for half of each day.

The Provincial Industrial School is in urgent need of immediate re-organization. It was originally constructed for the purpose of reforming normal delinquents. Since, however, half of its population belong to the mentally defective class, it has been largely un-

successful in its attempt. The normal have suffered through their association with the abnormal, and the latter have not been given training suited to their needs.

The time seems ripe for the adoption of a new principle in dealing with the whole question of juvenile delinquency in British Columbia. There is immediate necessity for the abandonment of the present dilapidated building for delinquent boys. It would be eminently unwise to build afresh on the old lines of training or attempting to train normals and abnormals under the same roof.

The policy advocated by the Committee consists in providing an institution in connection with the proposed training school for mental defectives, for the care of defective delinquent boys. This matter will receive further consideration later on in the report. The problem of dealing with normal delinquents may necessitate the organization of a small industrial school, but experience in Massachusetts and elsewhere leads to the conviction that the boarding out system meets the needs of the situation. At any rate, a custodial institution for normals, if such is deemed necessary, need not be elaborate or extensive.

Girls' Industrial School, Vancouver, B.C.

Superintendent: Miss Bayne.
Accommodation: 48 (28 in residence).
Grounds: 14 acres of land.
Situation: On the outskirts of Vancouver.

The Girls' Industrial School was opened in 1914. The building is of modern construction and of most attractive appearance. It cost $85,000. A well-kept lawn with flower beds, adds to the beauty of the institution. Miss Bayne, the Superintendent, is well suited by temperament and experience for her responsible duties. She realizes the nature of the problem of juvenile delinquency, and deals with her charges in a most kindly and intelligent fashion. She is assisted by a matron—Miss Menzies.

Girls are committed to the institution on account of delinquency, and are detained for not less than two years. An honour system is, however, in vogue, by means of which girls, for good conduct, may shorten their term by five days a month. The ages of those admitted are between 8 and 18 years, and they are generally received through the Juvenile Court. Girls over 18 are committed to Oakalla Jail. There is a routine examination for Gonorrhoea, but

no routine Wassermann is taken. Girls suffering from venereal disease are not isolated, but are kept out of the kitchen. At one time 50% of the inmates were receiving treatment for venereal disease.

Notes Concerning Buildings.

The building is so sub-divided as to make room for offices, reception room, dining-room, and kitchen, on ground floor; dormitories, amusement hall, and school room on the second floor; laundry, fruit cellar and cells, etc., in the basement.

There are 12 beds in each dormitory. The bathroom facilities are hardly adequate—only two tubs and five basins for 24 girls.

Occupation, School, etc.

The girls are given instruction in sewing, cooking, and laundry work. Those of higher mentality may take a commercial course. At present 10 are availing themselves of this latter opportunity. All the girls go to school for a half day. Public school instruction is given.

Punishment.

If a girl proves to be unruly, she is taken from the regular dormitory and given sleeping quarters by herself in a room in the basement. In this room there is placed an iron prison cell of the same type as that utilized at Oakalla Jail. The first night the girl sleeps in a bed outside the cell, but is told if her behaviour does not improve she will be placed in the cell itself. This threat has worked out so successfully that it has been unnecessary to date to actually employ the cells.

The honour system works well, according to the superintendent. Marks are given for honesty, punctuality, orderliness, courtesy, spirit toward work in institution, effort, good influence and efficiency. There is little doubt that by recognizing merit according to this system that the behaviour of the girls in the institution is improved.

Amusement.

Amusements are provided in the form of dancing, singing and concerts.

Discharge.

At the expiration of the period of incarceration in the institution, cases are sent back home or are located in suitable homes. Vancouver cases received through the Juvenile Court, upon discharge report periodically to Mr. Collier, the Chief Probation

Officer. Such organizations as the churches, and philanthropic institutions of the province are also called upon at times for after supervision.

Note.

Attention has been drawn to the fact by the superintendent, that Victoria girls have always been much in evidence in the school. This statement has been corroborated by the Warden in Oakalla Jail and others, and deserves investigation.

It has been stated earlier in the report that 35 of the 48 inmates were mentally deficient, and of this number 11 were in definite need of constant custodial care in an institution. This is another argument for the erection of a training school for mental defectives. It would be quite unfair to society and to the girls concerned, to return these 11 cases to the general community.

The work of the school psychologist in the Girls' Industrial School has been admirable, but should be supplemented by psychiatric examination.

RECOMMENDATIONS IN CONNECTION WITH JUVENILE DELINQUENCY.

(1) *Mental Examination of all Delinquents.*

Every case passing through the Juvenile Court should, before disposal, be submitted to a psychiatric and psychological examination. The psychiatric investigation might well be intrusted to the staff of the proposed psychopathic hospital.

(2) *Training School for Defective Delinquents.*

There should be established a training school for defective delinquents, with provision for segregation of sexes at the proposed training school at Essondale.

In connection with this recommendation one could quote the opinion of numerous authorities to show the need of special provision for defective delinquents. The New York Committee on Feeble-mindedness canvassed the situation thoroughly and came to the following conclusion: "Defective delinquents form a class for whom the usual reformatory methods, or treatment in institutions for the feeble-minded, effects little or no benefit and who cause constant disturbance in both correctional and custodial institutions. Authorities and experts agree on the need of discovering and segregating these feeble-minded criminals and of special restriction and training in institutions established for them. The magnitude of the problem and the prevalence of this class of mental defectives

is shown by numerous studies and surveys. The elemental needs of the defective delinquent and the relief of the institutions for the feeble-minded and for the mentally normal delinquents require the provisions listed above."

(3) *Legislative provision enabling institutional authorities to retain defective delinquents indefinitely.*

Experience in other provinces demonstrates the value of legislation along this line.

DEPENDENT CHILDREN.

TWO institutions caring for dependent children were visited—The Home of the Children's Aid Society, Vancouver, and the British Columbia Protestant Orphanage, Victoria. It was evident that both organizations could do better work if all their charges were given a psychiatric examination and if the abnormals were transferred to specialized institutions. The following notes are worthy of consideration:—

HOME OF CHILDREN'S AID SOCIETY, VANCOUVER, B.C.

Superintendent: Mr. C. J. South.
Accommodation (approximate): 150.
Present number: 125.

Function, Etc.

The Home of the Children's Aid Society acts as a clearing house for dependent children, where they may remain from a short time to several years. It is under the auspices of the Children's Aid Society and managed directly by the Superintendent, Mr. C. J. South. Mrs. Locke acts as matron.

Building, Location, Etc.

The building is a commodious wooden structure beautifully located on the outskirts of Vancouver. There are several acres surrounding the building and this is utilized as playgrounds, garden, etc.

General Impressions.

The children were apparently well cared for, and presented a picture of happiness. Great interest was shown in the garden, which was tilled by the children.

Mentally Deficient Children.

In the last annual report the President, Mr. A. B. Erskine, wrote as follows:—"Your directors are heartily in accord with the various organizations in the province, who are working so hard to secure a home for defective children. We know how detrimental it is to have this class of children in the home. We have had three there for some time, and it is not fair, either to the defective child or to the more favoured child in any public or private home. We trust action will be taken."

The three children referred to above were seen, and found to be imbeciles. One boy of low-grade mentality was of a vicious type and had recently thrown a saucer at the head of another child. Another case was that of a girl of 14 years of age, with a mental age of less than half her physical age. She was well developed physically, and was in urgent need of institutional care in a home for defectives.

In addition to the three children mentioned above, 17 children were given a mental examination—children referred by the Assistant Matron because of backwardness in school work and inability to cope with the tasks meted out to the other children. Fifteen of these were of the mentally defective type, and were in need of specialized training and custodial care.

A general survey was made of the other children, and it was quite evident that a fairly large proportion were mentally defective. An estimate of 25 per cent. defective is probably well within the truth. The inclusion of mentally deficient children with the normal is to be deprecated, since both suffer with such a system. There is therefore urgent need for the transference of these unfortunates to a training school for the feeble-minded.

It would be advisable to have a routine mental examination made of all children cared for by the Children's Aid Society, and facilities should be provided for this important work.

Nationality of cases cared for by the Children's Aid Society during the last year (1918):—

	Total		%
Canadian	129	=	70.87
British	46	=	24.72
Sweden	3	=	1.64
Austria	2	=	1.10
United States	1	=	.54
Germany	1	=	.54
	182		

British Columbia Protestant Orphanage, Victoria.

Superintendent: Mrs. Johnston.
Capacity: 75 Children. Present Number: 68.

General Notes.

The building used by the Orphanage is a rather old structure and is not particularly attractive in appearance inside. In addition to offices, dining-room, kitchen and dormitories, there is a school-room. Protestant children only are admitted, and Orientals are excluded. The children attend school daily, and the teacher expressed herself freely on the subject of mental deficiency, and stated that it was a grave problem in the Orphanage. Children are received from the age of two to 14 years.

Psychiatric Examinations.

A mental examination was given to nine children referred by the teacher. Of these, four were mentally deficient—two being low-grade imbeciles, four backward and one normal.

Summary.

It would be prudent to place the Orphanage on a more up-to-date scientific basis. It is unwise for the Orphanage to care for defectives along with normal children, and certainly the two imbeciles seen should be removed to another institution at an early date.

GAOLS.

Vancouver Gaol.

THE Vancouver Gaol was visited for the purpose of inquiring particularly into vice conditions in the city of Vancouver. Information was obtained chiefly from Mrs. L. D. Harris, a member of the Police Force. Mrs. Harris stated that she and three other police women pay particular attention to the problem of immorality. It was her opinion that the Chinese contributed to immoral practices through the sale of drugs and the enticing of white women. With regard to drugs, it was stated by Chief McRae that a large percentage of those arrested were addicted to their use, and that delinquency was often a natural consequence. Immorality

is apparently practised extensively by lower grades of the Greeks, who do a large restaurant business in the city. It is the belief of the Police staff that the Greeks seek out girls for employment, with immoral purposes in view. There is a provincial law against Greeks employing white women, but this does not affect the city of Vancouver. It was also learned that vice was carried on extensively in hotels and rooming houses. Soliciting on the streets is liable to punishment, and the police women warn soliciting girls, obtain their names and addresses, and visit their homes.

Nationalities of those Arrested.

Since 50 per cent. or more of the chronic offenders against the law are mentally abnormal, it is interesting to learn the proportion of criminals of foreign birth. The figures for 1917 for the Vancouver Gaol give the nationality of those arrested, as follows:—

Canadian	744
English	361
Irish	241
Scotch	274
United States	447
German	27
Japanese	30
Chinese	598
Hindoo	58
Indian	273
Other Nationalities	665

During 1918, 5,071 individuals were arrested, and 547 of these were women.

Gaol Statistics and Nationality.

British Columbia had in 1911, a population of 392,480, and these figures are no doubt sufficiently accurate to furnish us with data comparison.

Canadian	43.14%
British	29.24%
Foreign Born	17.21%
U. S. A.	9.56%

Of 3,718 cases passing through the Vancouver Gaol in 1917, only 20 per cent. were of Canadian birth, while the Chinese supplied 16 per cent., United States nearly 15 per cent., British more than 23 per cent. If we add to the Canadian figures 7 per cent.

of Indians, the sum total goes to prove that, as in other parts of Canada, the foreign born element furnished far too large a proportion of defectives and delinquents. It is difficult to get the immigration authorities to realize the seriousness of such a state of affairs, but the more we delve into the question of nationality the more we are convinced that a complete reconsideration of the immigration policy of the Federal Government is due.

The drug habit seems to be far more common on the Pacific Coast than it is in the East, and the prevalent opinion is, that the Chinese are responsible for this condition of affairs, but no actual proof of the opinion could be produced. Again a careful study of thousands of individual cases will have to be made before the truth or falsity of the theory is established. The fact remains though, that morphia, opium and cocaine are resorted to far more commonly than in the East. The following paragraph from the 1918 Annual Report of the Chief Constable of Vancouver is not without interest in this connection.

"I would respectfully recommend to the Board that steps be taken through the proper authorities for compulsory medical treatment of persons addicted to the use of drugs, or afflicted with venereal disease. Unfortunately a number of young boys, and even girls are in the habit of using drugs, and early and effective precautions might be the means of preventing the ruination of their lives and of making them criminals, as well as preventing the habit amongst their associates. In this connection I would strongly recommend an institution in a country place, preferably an island, where suitable employment and out-door exercise could be provided."

Oakalla Gaol.

Warden: Mr. Campbell.
Situation: A few miles from Vancouver.
Accommodation: 382.
Present number of prisoners: 152 men and 15 women.

The Oakalla Gaol is a comparatively new institution, having been developed about four years ago. The building is well lighted, airy, sanitary, and clean, and has attached to it a farm consisting of 189 acres. This gaol is conducted largely on old fashioned lines that are being relegated to the past in many countries, and will probably be deserted by British Columbia is due course. In other

words, the farm colony system is not in vogue, and the idea of punishment, rather than reformation, is the one promiment.

The Warden, Mr. Campbell, is an intelligent, well-informed official, and if given opportunity, would no doubt develop and make successful a more modern plan of treatment of the gaol population.

The farm furnishes an excellent opportunity for such a development, since it will take some years to bring the whole of it under cultivation.

Mental Examination.

A mental examination of a number of the male inmates was made, and it was found that the usual high percentage (approximately 50%) were mentally abnormal. This fact in itself, is conclusive that the proper treatment of the prisoners is not being followed, if reformation, rather than punishment alone, is the goal aimed at. It is self-evident that the mixing of all classes, normal and abnormal, is not the way to develop a system that will discourage the development of the recidivists, restore the normals to confidence and decency, and remove the abnormals from society, where they are a menace both to themselves and the community.

A brief study of the fifteen women serving sentences confirmed this opinion. We found that eleven were mentally deficient, two were of inferior intelligence, and two probably normal. Of the fifteen, ten acknowledged that they were prostitutes, and nine users of drugs. Surely facts such as these warrant the most earnest scrutiny when the question of the ultimate disposition of the group is considered, and yet Oakalla has nothing to offer in the way of a solution of the problem. It seems absurd to argue that the thirteen defective women should be liberated at the expiration of their sentences only to return to society where they have already demonstrated their inability to do otherwise than to act as vultures and distributors of contagion. It is not an intelligent way of dealing with the question. To illustrate the inability of these women to rise superior to their mental hamperings it may be said they evidenced little or no conception of moral worth, and showed a callousness that would appear unbelievable to people not accustomed to dealing with these classes. Never before have we met with types more hardened, than these. They not only discussed their prostitution, but showed no evidence of shame and boasted of the numbers of men with whom they had immoral relations daily (in some cases 30 to 40). The most degenerate had been living in the Chinese quarter in Vancouver. The prevalence

of the drug habit, too, was impressive, and evidently played an important part in submerging the defectives to the lowest depths of vice; indeed, we have nowhere seen demonstrated so clearly the intimate relation existing between the drug habit, defect and delinquency. Many of these defective and dissolute women were recent arrivals from the United States, and no doubt, came to Canada to escape from the severe drug laws in force in the United States.

Occupations:

The men are occupied in gardening, washing, mending, carpentering, and cooking. There is no systematic attempt to teach them a trade.

Nationality of Inmates for previous year (1918):

Canadian	58
United States	21
English	14
Irish	3
Scotch	6
Welsh	1
Chinese	19
Japanese	1
Swedish	2
Norwegian	1
Greek	1
Hindoo	4
German	2
Italian	1
Denmark	1
Austrian	1
French	1
Belgian	1
Russian	3
Australian	1
Montenegro	1

Recommendations.

British Columbia will no doubt find it advisable to treat gaol prisoners along modern gaol farm lines, having a careful mental estimate made of each prisoner at the time of conviction with the idea of having the proper treatment prescribed in each case.

Provision should also be made for a careful physical examination, including an endeavour to discover the existence of specific diseases among the inmates. When venereal or other diseases are discovered appropriate methods of treatment should be instituted at once.

PROSTITUTION AND ILLEGITIMACY.

With the purpose of discovering the relationship existing in British Columbia between prostitution, illegitimacy, and mental abnormality, a number of organizations were visited. Studies were made at the Vancouver Jail, Oakalla Jail, Central Mission, Vancouver; Salvation Army Home, Vancouver; Presbyterian Home and Provincial W. C. T. U. Home, Victoria. In another part of the report, reference is made to findings in jails. In the other institutions visited, 29 cases were examined—women who had either given birth to illegitimate children, or who admitted sexual immoral relations—and it was found that 28 were mentally abnormal. It is not possible to make any sweeping generalizations from this limited study, because of the comparatively few cases investigated. The findings indicate, however, that mental abnormality and immorality are closely related. In this connection it is interesting to consider results obtained in investigations in other localities. The American Social Hygiene Association, after considering all available data connected with investigations pertaining to this subject in the United States, arrives at the conclusion that at least 33% of all prostitutes are feeble-minded. The Association quotes authorities who have found the proportion to be as high as 80% in some localities. Findings in Grace Hospital, Winnipeg, and in the Toronto General Hospital show the percentage to be over 60%.

A short account of three British Columbia organizations caring for immoral women will be given:

Central Mission.

Rescue and Protective Society, 2144 Pender St. E., Vancouver.
Superintendent: Mrs. E. M. O'Hara.
Accommodation: 14 girls. Present number: 5.

Function, etc.

The Central Mission is a Home for friendless, indigent, or immoral girls. It was established 8 years ago, and, while maintained chiefly by private subscription, it receives a small city grant. Girls

are sent from the Juvenile Court, Police Station, social organizations and relief societies. It is undenominational. The Superintendent is a bright, intellectual woman with an appreciation and adaptability for her work. A review of the cases for the last year reveals the following:

Reasons for Commitment.

Venereal disease and pregnancy	1
Immorality	3
Pregnancy	17
Venereal disease	2
Dependency	2
Prostitution	1

Nationalities and Cases.

English	3
American	3
Canadian	9
French	1
Norwegian	2
Japanese	1
Welsh	1
Scotch	4
Dutch	1
Irish	1

Occupation of Cases.

Housework	22
Lithotypist	1
School girl	2
Selling papers	1

Ages of Cases.

1-13 years of age	1-25 years of age
1-14	1-28
2-16	1-29
5-17	1-31
3-18	1-35
2-19	1-36
2-20	1-37

Length of Residence in Institution, etc.

Girls are detained for an indeterminate period. When they leave positions are found for them, and follow up supervision is provided by Miss O'Hara as far as possible.

Occupations.

The girls sew, mend, cook, and do general housework. Indeed, the Mission strikes one more as a private home than as an institution, and is to be commended in this regard.

Summary of Mental Examinations.

(1) ———, born in U. S., 18 years old. Had a child by her own father. Occupation: housework. Diagnosis: low grade moron.

(2) ———, aged 14. Canadian. Sr. II book in school. Committed because of bad home conditions. Mother is a drunkard; sister is syphilitic. Diagnosis: low grade moron.

(3) ———. Canadian, 18 years old. Reached IV reader. Was adopted out by the Children's Aid Society four years ago. Girl gives the history of having a baby 2 years old, by foster father. She states that she was encouraged by both foster mother and father to lead an immoral life. Diagnosis: inferior intelligence, but not definitely mentally deficient.

(4) ———. English. In Canada five years. Left her husband one year ago, and is now pregnant by another man. Reached VII Standard in England. Diagnosis: medium grade moron.

(5) ———. Aged 20. Australian. Married soldier two years ago, after one week's acquaintance. Has since lived with other men, and is now pregnant and syphilitic. She hopes for a divorce to enable her to marry a man much older than herself. Unless constantly watched she runs the street with immoral intent. Diagnosis: high grade moron.

Summary and Conclusions.

The five cases investigated indicate that mental deficiency and immorality among girls is closely associated. With the exception of one girl, all are mentally deficient, and all but one have been given to immoral practices. While the Mission endeavours to keep its inmates for as long a period as possible, when such is needed, nevertheless, there is urgent need for an institution for mental defectives, that will provide suitable supervision and training for a much longer period of time than can be given by this institution. Without such a training school, four of the girls referred to will

be sent out again into the world, doubtless to lead lives of immorality, and it should be remembered that one of the girls is syphilitic. Attention should be drawn to the case of number 3. If her story that she had a baby by her adopted father is correct, it would lead one to believe that the homes of adopted children need more careful supervision and inspection.

Salvation Army Home, Vancouver, B.C.

Superintendent: Miss Bond. Capacity: 19.

General Notes.

This institution is a maternity home and hospital. For the most part unmarried mothers receive attention. In the last year 85 women and 107 children passed through the organization. There is no regulation by means of which a mother is induced to nurse her baby for nine months. A large number of the babies born in the Home are eventually adopted.

Psychiatric Examination.

Eleven cases were referred for mental examination, and all of these were mentally deficient, although some were of the high grade moron type. It is apparent that many of the cases handled by this organization need prolonged supervision in a specialized institution for defectives. If such is not provided, many cases will repeat past practices.

Provincial Women's Christian Temperance Union Home, Victoria.

Superintendent: Mrs. Andrews.

Accommodation: 20. Present number: 6.

This Home was originally organized for rescue work, but is now a home for friendless women—the majority of cases cared for being unmarried mothers. The institution is maintained through an annual Government grant of $1,700, and a monthly city appropriation of $50. Babies of unmarried mothers are, as a rule, adopted when very young. During the past year 13 of these unmarried mothers were cared for. Eight were Canadian, three Irish, one English, and one American.

IMMIGRATION.

The following figures demonstrate the fact that poorly supervised immigration is adding burdens to the Province. Among the insane it is found that while Canadians should, theoretically, supply 43.14% of the admissions to the Hospitals for the Insane, yet they only furnish 27.28%. In other words, the foreign born constitute 72.72% of the admissions, a showing that is quite out of proportion to that expected.

POPULATION OF BRITISH COLUMBIA, 1911.

English	133,186
Irish	40,642
Scotch	74,493
Others	4,362
French	8,907
German	11,880
Austria-Hungary	7,015
Belgian	938
Bulgarian	219
Chinese	19,568
Dutch	1,255
Greek	810
Hindu	2,292
Indian	20,134
Italian	9,721
Japanese	8,587
Jewish	1,265
Negro	473
Polish	561
Russian	6,896
Scandinavian	15,968
Swiss	796
Unspecified	22,512
Total	392,480

Canadian	169,322	43.13%
British	114,760	29.24%
Foreign born	67,549	17.21%
U. S. A.	37,548	9.56%

NATIONALITIES OF PATIENTS NOW IN NEW WESTMINSTER HOSPITAL FOR THE INSANE, SEPTEMBER 1, 1919.

	Males.	Females.	Total.	%
Aleutian Islands	—	1	1	.17
Austria	10	5	15	2.59
Barbadoes	—	1	1	.17
Brazil	1	—	1	.17
China	12	1	13	2.24
Cyprus	1	—	1	.17
Denmark	2	—	2	.34
England	27	107	134	British 37.54
Finland	3	7	10	1.72
France	—	1	1	.17
Germany	4	5	9	1.55
Greece	1	—	1	.17
Holland	—	1	1	.17
Hungary	1	—	1	.17
Iceland	—	1	1	.17
India	1	1	2	.34
Ireland	5	23	28	
Italy	2	3	5	.86
Japan	2	2	4	.69
Mexico	1	—	1	.17
Newfoundland	—	5	5	.86
Norway	2	2	4	.69
Poland	2	—	2	.34
Russia	4	6	10	1.72
Scotland	12	37	49	
South Africa	—	1	1	.17
Spain	—	1	1	.17
Sweden	11	5	16	2.76
Switzerland	—	1	1	.17
U. S. A.	15	44	59	10.27
Wales	3	3	6	
West Indies	—	1	1	.17
Yukon	—	1	1	.17
Unknown	4	2	6	1.03
Canada—				
Alberta	1	3	4	
British Columbia	17	41	58	
Manitoba	1	7	8	
New Brunswick	1	5	6	
Nova Scotia	6	10	16	31.83

	Males.	Females.	Total.	%
Ontario	16	49	65	
P. E. I.	1	1	2	
Quebec	3	21	24	
Saskatchewan	1	.....	1	
Totals	173	405	578	

NATIONALITIES OF PATIENTS NOW IN RESIDENCE IN ESSONDALE HOSPITAL FOR THE INSANE, SEPTEMBER 1, 1919.

	Total.	%
Australia	3	.41
Austria	48	6.63
Belgium	2	.27
Canada	171	23.92
China	45	5.22
Denmark	5	.69
England	150	British 33.30
Finland	17	2.35
France	6	.82
Germany	16	2.21
Greece	1	.13
India	2	.27
Ireland	39	.....
Italy	27	3.73
Japan	9	1.23
Norway	14	1.95
New Zealand	4	.55
Poland	2	.27
Portugal	2	.27
Roumania	2	.27
Russia	3	.41
Switzerland	2	.27
Scotland	44	.....
Sweden	27	3.73
Serbia	1	.13
Syria	1	.13
U. S. A.	44	6.08
Wales	8	.....
West Indies	4	.55
Unknown	24	3.32
Total	723	

Gaol Cases.

The figures for gaol cases are even more convincing. An analysis of the records of 3,863 cases shows that only 21.53% are Canadian born, while 78.47% are foreign born.

Patients in British Columbia Gaols.

	Oakalla.	Vancouver.	Total.		%
Canada	58	774	832		21.53
United States	21	447	468		12.11
England	14	361	375	British	25.91
Ireland	3	241	244		
Scotland	6	274	280		
Wales	2	——	2		
China	19	598	617		15.97
Japan	1	30	31		.80
Sweden	2	——	2		.05
Norway	1	——	1		.02
Greece	1	——	1		.02
India	4	273	277		7.17
Germany	2	27	29		.75
Italy	1	——	1		.02
Denmark	1	——	1		.02
Austria	3	——	3		.07
France	1	——	1		.02
Belgium	1	——	1		.02
Russia	3	——	3		.07
Montenegro	1	——	1		.02
East India	——	58	58		1.50
Others	——	665	665		17.21
Total			3,893		

RECOMMENDATIONS.

The Insane.

I. *Establishment of Psychopathic Hospital.*

Reference has previously been made to the advisability of establishing a Psychopathic Hospital in connection with the Vancouver General Hospital. The chief arguments* in favour of its establishment may be summarized as follows:

*Arguments formulated by Mental Hygiene Committee of New York State Charities Aid Association.

(a) Such a hospital is an integral part of a complete provincial hospital system, and without it the system goes lame.

(b) Such a hospital will help check the present rapid increase in the number of the insane by heading off the stream at its source.

(c) Such a hospital, by preventing and curing cases of mental disease in incipient and early stages, will prevent their becoming chronic insane patients, and will save the state the expense of continuous care of chronic cases for a long term of years in regular provincial hospitals.

(d) This hospital, by receiving and caring for recent and acute cases of insanity, will diminish the number annually committed to the other provincial hospitals, and so relieve the overcrowding in these hospitals.

The utilization of one or two buildings at present occupied by the University of British Columbia would prove excellent for the purposes of a Psychopathic Hospital.

The staff could be utilized, in addition to other duties, for survey work in Vancouver public schools, and for the mental examination of juvenile and adult court cases.

II. *New Building for Acute Cases at Essondale.*

The hospital organization at Essondale will be incomplete without the erection of a building for acute cases. This new unit would provide needed active treatment for patients who are considered to be recoverable or improvable. Facilities should be provided for occupational therapy and hydrotherapy.

The Committee can heartily endorse the following recommendation made by Dr. Doherty in a recent report:

"There is urgent necessity for a modern hospital building at Essondale for the reception, proper examination, and scientific care and treatment of acute cases. Such building should have accommodation for two hundred cases, and should contain the best features of a modern Psychopathic Hospital."

III. *Nurses' Home at New Westminster.*

For reasons already outlined it is advisable at an early date to erect a Nurses' Home.

IV. *Voluntary Admissions.*

In order that a patient suffering from mental disease might secure as easy an access for treatment as a patient suffering from a physical disability, it is prudent to place on the Statute Books provision for voluntary admissions to mental hospitals.

V. *Convalescent Home.*

There is need for the building of a Convalescent Home in connection with the Mental Hospital at either New Westminster or Essondale. It would be inexpensive to erect and maintain, and would materially facilitate the more rapid recovery of patients.

VI. *Social Service in connection with New Westminster and Essondale.*

The employment of one or two social workers in connection with the mental hospitals of the Province would, among other beneficial results, make possible the placing of an increased number of patients on parole.

In New York State during the year 1913, 975 patients were placed upon parole from the thirteen State hospitals, but during 1917 it was possible to increase this number to 1,504. This result was due in large measure to the establishment of Social Service, and saved the state many thousands of dollars in connection with upkeep. It is apparent that the growth and development of the parole system depends largely upon its proper supervision, and this can best be obtained through Social Service and Out Patient Clinic work.

VII. *Travelling Psychiatric Clinic attached to New Westminster Hospital.*

A travelling Psychiatric Clinic would make possible the mental examination of paroled patients, of public school cases and others who are resident at a distance from Vancouver. The value of such a clinic has been well stated in a recent report submitted to the Hospital Development Commission of New York State. The report is as follows:

THE EFFECT OF THE MENTAL CLINICS.

(A) On the Hospital.

1. They provide a means whereby the hospital can supply medical supervision to its patients even when they live at a distance.

2. They provide an inconspicuous place to which sensitive patients are willing to come when they would hesitate to return to the hospital.

3. By giving parole patients an opportunity to see regularly and frequently a physician who understands them, the hospital is able to keep patients on parole who would otherwise have to return.

4. They furnish the hospital with its best weapon for combating prejudice and superstition in the district.

5. They are the greatest means the hospital has for carrying on educational and preventive work; the only method of decreasing the number of commitments.

(B) On the Hospital Physician.

1. They furnish a new and stimulating field of work for the hospital physician.

2. In so far as they undertake to do preventive work, they bring the hospital physician in contact with the beginning stages of mental disease and with the milder forms which rarely reach the hospital.

3. They bring the physician face to face with the concrete social problems which have to be solved in connection with the mentally ill.

4. They make the physician realize the importance of the hospital as a social force.

5. They make the physician realize the importance of the hospital as a preventive medical agency.

(C) On the Community.

1. They are of direct value to every social agency in the community, since every such agency has problems involving mental conditions.

2. They are the means of bringing the community into friendly relationship with the hospital which thus definitely gives its services to aid the community in its mental health problem.

3. In cities, they make the psychiatrist accessible to the middle-class citizen who cannot afford to consult the high priced specialist, and in consequence goes without advice or treatment for mental disease, or resorts to quacks.

4. In the country districts, they constitute as a rule the first and only source of diagnosis and treatment of mental conditions.

5. They provide the most promising instrument for removing popular prejudice against the State hospitals and for raising the general level of intelligence in the State with regard to mental disease.

6. They give to the community its first real opportunity to organize preventive mental health work.

VIII. *Appointment of Pathologist at New Westminster.*

A qualified pathologist should be appointed at New Westminster for laboratory work.

IX. *Increased Medical Staff at Mental Hospitals.*

At New Westminster Hospital there are three physicians in charge of over six hundred patients. This is not a sufficient number to conduct efficiently all the medical work that is required in a hospital of this size.

X. *Occupational Therapy.*

Since mental deterioration is curbed, and since recoveries are more frequent when patients are usefully occupied, it is desirable to still further increase facilities along this line.

XI. *Visits to Other Institutions.*

Arrangements should be made to send annually one of the medical staff of the Mental Hospitals for a period of two months to places outside the Province, for phychiatric study. This measure will tend to keep British Columbia in touch with recent advancements in other parts of Canada and the United States.

THE FEEBLEMINDED.

Facts have been disclosed in this report that give some indication of the proportions and seriousness of the problem of feeblemindedness in British Columbia. The data presented shows that mental deficiency lies at the very root of such conditions as crime, juvenile delinquency, prostitution, and pauperism, and that it is a significant public school problem. Certain measures have already been adopted by the province to cope with the situation. but much remains to be done. There are measures of urgency that should be immediately undertaken, and these will receive consideration in some detail. Before discussing particular recommendations, however, it should be pointed out that an efficient programme for the care of mental defectives must of necessity be elaborate. One could not do better in this connection than quote from a recent article written by Dr. Walter E. Fernald, the eminent American authority on feeblemindedness, in a recent issue of THE CANADIAN JOURNAL OF MENTAL HYGIENE. Dr. Fernald thus outlines an effective state (or provincial) programme for the care of mental defectives: "It includes the mental examination of backward school children, the mental clinic, the travelling clinic, the special class, directed training of individual defectives in country schools, instruction of parents of defective children, after-care of special class pupils, special training of teachers in normal schools, census and registration of

the feebleminded, extra-institutional supervision of all uncared-for defectives in the community, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime, and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions."

Definite recommendations concerning the feebleminded are as follows:

(1) *Facilities for Diagnosis.*

Arrangements should be made for the diagnosis of the mental status of school children, juvenile and adult delinquents, prostitutes, and unmarried mothers. This work could best be carried out through the agency of Mental Clinics. At the outset it would be advisable to establish a Psychopathic Hospital connected with the Vancouver General Hospital, and to utilize the staff of this organization, in addition to other duties, for the mental examination of all Vancouver cases.. In order that the rest of the province might be served, it is recommended that a travelling clinic be attached to the New Westminster Mental Hospital. It has been found that a travelling clinic can cover considerable territory, and it is probable that much valuable work outside of the city of Vancouver could be accomplished through such an agency.

(2) *Facilities for Training.*

1. Training School for Mental Defectives.

There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present survey has demonstrated that there are a large number of feebleminded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace, and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place, it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable

financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical control being in charge of the Superintendent at Essondale—and the product of the labours of the feebleminded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

The Committee believes that there would be no serious public objection to the erection of the institution on the Essondale property because of the proximity of the Mental Hospital, when it is known how extensive the Government property really is. The training school could occupy large grounds at such a distance from the Mental Hospital that the two organizations could be kept entirely distinct.

The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley provision is made for the segregation of defectives according to sex, intellectual development, and behaviour. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentering, boot making, weaving, while the girls receive special instruction in the household arts.

While a considerable number of the feebleminded to be cared for in such a training school as is suggested will be permanent institutional cases, still it will be possible to discharge some who have passed early adolescence. In this connection a statement by Dr. Fernald is significant. He says: "It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. The aftercare of the female morons who have received training in the institution were not so favourable, but many of these, too, led moral and harmless lives after their return to the community. The study of discharged female cases at Waverley showed a surprisingly small number who became mothers or who married."

Attached to Waverley and the institutions for the feebleminded at Rome and Vineland are farm colonies where selected cases are sent to clear the land and develop it. These colonies form an outlet for the growing institutional populations, and are practically self-supporting. It is recommended that this colony system be adopted in connection with the training school at Essondale.

Mention has been made in an earlier part of the report of the need of providing segregation for male and female defective delinquents. Separate buildings might well be erected contiguous to the training school proper, for this purpose.

(3) *Extension of Special Classes.*

The advisability of providing more special classes for the backward and defectives in the schools of the Province cannot be too strongly urged. The provision of these classes would materially diminish the number of feebleminded who would otherwise require prolonged institutional care. The system in Vancouver and Victoria should be extended as previously outlined, and provision made for other cities, towns, and outlying districts.

The advisability of organizing a Trade School in Vancouver, and of securing a Psychiatric Social Worker, has previously been mentioned.

Further Recommendations.

I. *Boys' Industrial School.*

For reasons already outlined the present building utilized as an Industrial School for Boys should be abandoned.

II. *Mental Hygiene Commission.*

It is strongly recommended that there be appointed a Mental Hygiene Commission in British Columbia. The function of such a Commission would consist in making a careful study of the problem of mental abnormality in the Province, and of developing a suitable plan for its solution. It should have as its head a well trained and competent man of high character, in whom the people have confidence, and associated with him should be a well-trained psychiatrist. The latter might with advantage be the General Superintendent of the Mental Hospitals of the Province. A third member of the Commission might well be chosen from the legal profession, as so many points of law keep coming up from time to time in connection with all institutions. In addition, there should of course be a Secretary.

This Commission should be an independent body, free from political control, but in the confidence of the Government and responsible to it. It should be empowered to inspect the activities of all institutions supported by Governmental aid.

The value of such a Commission is well exemplified by the history of the State Commission in New York State. In this connection we can quote with advantage from the Manitoba Survey of the Canadian National Committee for Mental Hygiene:

"The New York State Commission was founded in 1889, and revolutionized the affairs of hospitals for the insane in the State. Of course, the Commission was unpopular at first, because it interfered with the patronage which had been largely controlled prior to its establishment, by petty politicians, but it more than justified its existence from the standpoint of economy, humanity, and general progress. Almost immediately after its development, it effected a gross saving of $408,000 in one year, and that was done without any perceptible lowering of the high standard of care which had always been maintained in the hospitals for the insane for New York State. Before its advent, the neglect of many important things from the standpoint of efficiency was only too apparent, and wonders have been accomplished. The medical service of the hospitals for the insane in New York State is of the best character possible, and the appointments made are from those who reach the high standard demanded, by competitive civil service examination. Training schools for nurses have been established, a psychiatric hospital instituted at Ward's Island, where, in addition to the work done in pathology and clinical psychiatry, special courses of instruction are arranged for the benefit of the medical officers of the various hospitals."

CONCLUSION

It is not to be expected that all recommendations made in this report will be carried into effect immediately, but it is felt that the desire for progress in British Columbia is so great that many suggestions will be adopted in the comparatively near future.

Signed on behalf of the Canadian National Committee for Mental Hygiene.

C. K. CLARKE, *Medical Director.*

C. M. HINCKS, *Associate Medical Director and Secretary.*

THE MESSAGE OF EDUCATIONAL PSYCHOLOGY TO PARENTS AND TEACHERS.

AGNES L. ROGERS,
Professor of Education, Goucher College, Baltimore.

THE far-reaching changes in the political, social and industrial life of the past decade have impressed every active and alert mind. Thrones have crumbled into dust, states have been shattered in pieces, power has changed hands, wealth has been redistributed. These startling phenomena have arrested the attention of the civilized world so that the minds of men have been concentrated upon them to the exclusion of the less dramatic forces that silently shape human destiny. In the heyday of Napoleon men watched with eager eyes the fluctuating fortunes of that great adventurer, seeing in their rise and fall the changing fate of Europe. Yet far from the pride, pomp, and circumstance of the battlefield and remote from the solemn sessions of the council chamber was being enacted the Industrial Revolution, which was to change the foundations of social life. So at this moment, while the eyes of men are turned on the readjustments of political power caused by the Great War, a revolution fraught with greater significance to humanity is slowly taking place unnoted. I refer to the down throw of opinion and the rise of science in the schoolroom, which has been made possible by the development of Educational Psychology. It is no exaggeration to say that since 1909, when the first pedagogical measuring scale was published, there has begun a movement which marks a turning point in the history of mankind. In the application of measurement and the experimental method to mental functioning as it proceeds in the schoolroom, we have a new departure as remarkable as the birth of physical science. The latter gave men increased control over the material universe; the former has given control over human learning. This factor in efficiency, the human factor, which is the latest to come within the compass of scientific measurement, is likely to yield the richest harvest of all. Few, however, realize that this most significant event has taken place. The majority of parents and teachers now are like their predecessors in the Fifteenth Century, who failed to sense the magnitude of the occasion when clairvoyance and divination were replaced by the inductive method of experimental science.

That changes in our public educational institutions are desirable is, of course, generally admitted. Even to the untrained observer it is clear that existing educational procedure is not uniformly successful. It is not generally realized, however, that such advances have been made in Educational Psychology, that the efficiency of American education could be greatly increased, if only such scientific knowledge as we have were put in application. We all know that it takes long for new information and improved methods, which have been established by experts in medicine to be applied by the general practitioner; nevertheless, public opinion and professional pressure exercise potent influence in that direction. In the field of education, on the contrary, the first step has still to be won, namely, to convince the public and the profession that education has at last been emancipated from the domination of opinion and has taken to the highway of science. The urgent task that confronts us is to persuade the teachers that their work has altered and is altering in character, and that rule-of-thumb workers in education will shortly be regarded with the disdain that is bestowed upon the quack doctor.

Not that all teachers need this information: far from it. One of the most inspiring things in this country is the fact that there are in every State of the Union eager and earnest teachers, who, in spite of their being by far the poorest paid of public servants, have devoted their meagre savings and over-taxed energies to the mastery of the latest knowledge and skill in the science and art of changing children from what they are to what we would have them be in the light of our ideals.

That we in Baltimore are as grieviously in need of expert guidance and scientific enlightment as other parts of the country is only too manifest, when we confront the facts as presented in the Annual Report of School Commissioners. The statistics of the amount of retardation among the school children of Baltimore should be seriously studied by every citizen.

What are the facts? In order to avoid confusing the issue, let us consider the conditions as regards the white children separately. In the elementary schools of this city the percentages of white children above the normal age for the various grades are as follows:

Apparently 42½ per cent. of the white children of Baltimore attending the public elementary schools are over-age for the grade in which they are, while only one per cent. are below the normal age for their grade. One child out of every two approximately is over-age for the grade in which he is.

TABLE I.

Grade.	*Percentage above age.*
1	25
2	35
3	45
4	52
5	55
6	49
7	37
8	33
Ungraded	61

There will at once arise in your minds good reasons for this state of affairs and some will very rightly urge that the statistics of retardation found elsewhere throughout the country are high. In a very thorough investigation made by Professor Strayer[1] of the amount of retardation in 132 cities, having a population of more than 25,000, it was found that 38 per cent. of boys and 32 per cent. of girls were over-age, while only 4 per cent. of boys and 4 per cent. of girls were under-age. Approximately one child in three was retarded and only one in twenty-five accelerated, although we know from many investigations of mental capacities that they are distributed throughout the population in such a way that the proportion of superior children is numerically equal to the proportion of inferior children. It should be remarked that Professor Strayer computed the amount of retardation on a very liberal basis. A child was considered to be making normal progress, if in the First Grade and not yet 8 years old; if in the Second Grade and not yet 9 years old, and so on.

But even if we grant that there is an astonishing amount of retardation all over the land, nevertheless Baltimore is comparatively badly off, since only one child in a hundred is accelerated. In an investigation conducted by Ayres[1], it is stated that of 31 cities in which the amount of retardation was determined, Baltimore stands 25th in the list, a list in which the amount of retardation varied from 7.5 per cent. in Medford, Massachusetts, to 75.8 per cent. in Memphis, Tennessee. Baltimore had 46.3 per cent. Apparently at least forty per cent. of the children attending the public schools

[1]Strayer, G. D. Age and Grade Census for Schools and Colleges. Bull. 451, U. S. Bureau of Education, 1911; pp. 144.

[1]Ayres, L. P. Laggards in Our Schools. Chapter IV. 1909. Russell Sage Foundation.

of this city will leave school at the legal age limit without completing even an elementary school education. Yet the safety of a republic depends upon the trained intelligence of its citizens.

It will be urged that these figures need occasion no anxiety as regards the efficiency of our schools, since there are obvious causes for them, for which the schools are not responsible. Embarking upon a school career late is a possible reason for children being over-age—and it does account for a certain amount of retardation in Baltimore; but it is relatively a very small amount. We find the number of children who have repeated the work of a grade once or more often is very great.

TABLE II.

Grade.	*Percentage of Retarded.*
1	26
2	43
3	56
4	62
5	63
6	59
7	49
8	41

The percentage of children who are behind where they would have been, had they been promoted year by year, is for those who are retarded one year or more 50 per cent.; and for those retarded two years or more 21 per cent. Approximately every other white child we meet has at some time in his brief school career repeated the work given in one of the grades, and every fifth child has had repeated work for two years. It is surely a serious matter that 10 per cent. of the cost of tuition in the United States should be for repeated instruction. If we bear in mind the most discouraging effects of non-promotion and the unfortunate mental attitude towards work that it engenders in the pupil, we shall realize more adequately the detrimental influence that is at work in our schools. For the past year 17 per cent. of the elementary school population was not promoted, and thus had to repeat the year's work a second time, and 5 per cent. failed of promotion, being the second, third or fourth time in succession.

There are other partial and probable causes for the large number of non-promotions, which are practically beyond the control of the school authorities. Physical defects and illness, for example,

are cited as causes for over 1,000 of the 12,316 cases of non-promotion during the past year. The mobility of the American people, their tendency to move from city to city and district to district of the same city is likewise a cause that would swell the numbers of retarded. Unfavorable home conditions act in the same direction, and irregular attendance, late entrance and early leaving, which are partly caused by these adverse home conditions, are held responsible for 3,227 of the 12,316 non-promotions during the past year. Still another cause to be attributed to the same source is difficulty with the English language, which confronts the children of the foreign-born. But when all these factors have been enumerated, there still remain the two most influential of all—the mental retardation of 10 per cent. of the children, and the inefficiency of the treatment of the rest. Until we remove the latter reproach, many of the previous causes cited—irregular attendance, physical defects and illness will be attributed to the school conditions themselves, rather than to inimical home surroundings.

Studies made in several parts of the country, notably by Terman[1] in California, and by Dr. Macfie Campbell[2] in Baltimore, show that—3 per cent. of children in our elementary schools are feeble-minded. These children, many of whom are still to be found side by side with the normal and superior children are so inferior mentally that their ability to direct their own lives is very questionable. Such children do, for the most part, come from poor homes, since their parents are themselves often feeble-minded, and for similar reasons they frequently change from place to place. Again, such children often enter school late; but the ultimate cause of their retardation is their mental incompetence, and from such children efficiency demands that the ordinary class room should be relieved.

It has also been found that in addition to the one-to-three per cent. of very subnormal children, approximately 7 per cent. of the children of elementary school age who are not doing work up to the average are also *mentally* retarded. Such children cannot profit by the ordinary class room instruction, although they can and ought to be given useful training preparing them for their future occupations. The ordinary class room should similarly be relieved from the hindrance of their presence.

---

[1]Terman, L. M. The Intelligence of School Children. Houghton, Mifflin Co. 1919.

[2]Campbell, C. Macfie.

When we have deducted the 10 per cent. of children, who lack the mentality to master the tasks required by the elementary school curriculum, we have still to account for the situation that over 30 per cent. of the white children have had to repeat at least a whole year's work. The causes given for non-promotions with the percentages of failures due to each for the past year are stated in the Annual Report to be the following:

TABLE III.

Causes.	*Percentage.*
Irregular attendance	21½
Late entrance or early leaving	5
Personal illness	7
Physical defects	2
Indifference	21½
Low ability	42½

It is noteworthy that 2,650 cases are said to be due to indifference, and 2,657 are held to be due to irregular attendance, which perhaps is to be attributed also, to some extent, to indifference. Moreover, many of the cases assumed to be the result of low ability may *not* be so caused and may likewise be due to lack of application. In a survey made recently in a Baltimore school by Dr. Thompson[1] of 172 children said to be doing inferior work in their class, 41, roughly a quarter, were in fact above the average in mental capacity.

It is illuminating to see in which subjects failures are most frequent. The percentage of the total failures made in the various studies is as indicated in Table IV.:

TABLE IV.

Studies.	*Percentage of Failures.*
English branches	42
Mathematics	41
History	7½
Geography	8½
Science	.02 (less than 1/10 of 1%)
French or German	.09 (less than 1/10 of 1%)
Latin	.07 (less than 1/10 of 1%)

[1]Thompson, C. B. Adjusting the School Work to the Child. Publication No. 3. The Mental Hygiene Society of Maryland, 1919.

Over 80 per cent. of the failures in the Elementary Schools are, as we would expect, in English or Arithmetic; but it is important to remember that our psychological knowledge of efficient methods of mastering these subjects is unusually thorough and complete.

These significant facts lead us to the conclusion that there are serious but remediable defects in the elementary education that we provide. It requires no special training to understand that with poor school buildings and antiquated equipment we are bound to find not physical defects and illness alone, with ensuing retardation, but a school situation so unfavorable and unattractive to children that it is certain to bring in its train late entrance, irregular attendance and profound indifference.

The indifference, however, from which a considerable number of children unmistakeably suffer is not to be attributed to an unfavorable physical environment alone. The lack of application which one in every five of those failing is said to exhibit is in part to be attributed to the absence of intrinsic interest in much of the activity that goes on in the class room. There is, indeed, a tragic waste of human spirit taking place in too many schools through our failure to utilize the dynamic interests of children in an educative way. The school largely fails to apply the facts psychology has disclosed with regard to the innate interests of man and the ways in which he acquires new interests, and it ignores the great individual differences in both original and acquired capacities, which *must* be recognized, if education is to proceed economically and efficiently. Thus it is not so much that we have too high a standard that so few children are *below* age for their grade, it is rather due to lack of flexibility in methods of promotion. While steps are being taken in some quarters to provide adequate facilities for bright children as the great asset of a nation, not a tithe of what might be accomplished is even attempted. One of the most crying needs of the day is that special arrangements should be available for superior children, by which they might find it possible to progress at their own rate, instead of being trained to form habits of idleness and day-dreaming, while waiting for their less gifted fellows to attain the mastery desired by the teacher. In the school system their existence is for the most part ignored.

There is the equally large group of normal children, who are not retarded mentally, but who are failing to make progress in school. In the case of these children two main causes are at work preventing their advancement. Frequently the root of the trouble is an unfavorable mental attitude. A concrete case of this kind reported

by Strong[1] will serve to show a very fertile source of poor school work.

"Margaret had just failed of promotion from the low-fourth grade. She was eleven years old, and tested at eleven by the Binet scale. With average normal ability, according to the test, her school work was nevertheless described by her teachers as 'hopeless.' Her work in arithmetic and geography was especially poor. From January until May a small amount of work was given her by one of Dr. Strong's students. Although the special instruction in arithmetic extended over only five months and amounted to a total of only a few hours, Margaret's advancement was from third-grade work to fifth-grade work, as shown by the Courtis tests. The trouble seems to have been largely one of emotional attitude. When the special instruction began she was afraid of everything; she could do very little, she knew nothing positively. She held her eyes down, carried herself shrinkingly, was a typical 'fraid cat'—we started with a thoroughly disheartened child, whose enthusiasm and hope were about dead, and who was being taught many things in school without knowing facts and principles, which should have preceded these things. We taught her the fundamentals of arithmetic, thus filling in all the gaps in her knowledge of that subject up to the work in her class. In doing so, we allowed her to see her learning curves. The unmistakeable objective fact that she was learning made her realize that she *could* learn, aroused her interest, gave her fresh enthusiasm, and presently there resultd a transformed child. The transformation affected not only the arithmetic, but all her studies, her carriage and walk, her social attitude toward others, her entire character. From being hopelessly at the bottom of the class she now has a settled determination to lead that class. From every indication, it appears that the actually brighter children will have to work hard to keep abreast of Margaret."

It requires superior psychological insight as well as training to unravel the causes for unfavorable mental attitudes in certain children and oftimes the subtlety of the serpent almost to remove them, once they are discovered. This is not invariably the case, however, and teachers with a background of psychological knowledge are even now accomplishing much in the direction of substituting advantageous attitudes towards school activities for trends of feeling inimical to learning. The most difficult cases, however, demand the skill of an expert psychologist.

[1]Terman, L. M. The Intelligence of School Children. 1919. pp.108-110. Quoted from Strong, E. K. The Development of Proper Attitudes Towards School Work; School and Society; Vol. II. pp. 926-934.

Too little attention is given to this most important part of a child's education. The development of right attitudes to one's work, to one's fellows, and to oneself are the most important elements in personal growth, because, upon them depends not merely the personal happiness of the individual, but his contribution to the good of the community. In our zeal to make sure that children shall master the rudiments of learning, we frequently are blind to these fundamental habitual attitudes. We can see when a child is able to add correctly, to write legibly and to read intelligently; we cannot always discern what his attitudes are to the adding, writing, and reading, or to his fellows. Eager as we are to see at least some result of our labor, we insist on the reading, writing and arithmetic, and tend to ignore his developing personality. If we could only secure his co-operation, the three R's would present much less difficulty.

The second main source of failure in pupils of average mental capacity is to be found in the *specific* disabilities of children and the lack of training in teachers to locate these highly specialized intellectual weaknesses, and to differentiate their teaching emphasis in accordance with the varying needs of the children. Only increased training in psychological analysis will ensure the presence of sufficient skill to discover the many possible intellectual ills, from which children may suffer. Practice in the use of the measuring instruments of mental capacities which we already possess and knowledge of the mental processes involved in the mastery of the skills or ideas inherent in the particular study in which the student has failed, are essential for the successful treatment of such problems. The serious wastage that is taking place owing to the lack of adequate training in Educational Psychology is abundantly revealed in the results obtained in adjustment classes that are supervised by trained experts. I cannot do better than bring to your notice one or two concrete typical cases which are taken from the First Annual Report of the Director of the Division of Psychology of the Los Angeles City Schools.[1]

Case 1.—A. H., boy from Lower Grade, aged 8 years, 5 months; American; lad never been in school. In adjustment class 10 weeks; began at the beginning in reading, writing, numbers and spelling; entered lower Second Grade at the end of the term, thus doing 50 weeks' work in 10 weeks. Regular teacher reports him as "doing well."

[1]Ungraded Rooms in Los Angeles City Schools. First Annual Report by Division of Psychology. School Publication No. 24. 1919.

Case 2.—B. G., a girl aged 9 years, 6 months; middle class Mexican parentage; had been handicapped by very poor education in a denominational school and by poor attendance because of sickness; was enrolled in the lower Third Grade, but when tested was found to lack arithmetic foundation. She could not do Upper Second Grade, lower Second Grade or even Upper First Grade number work. Her reading test was almost up to Lower Third Grade standard, but her written work was only up to lower Second Grade. Although educationally retarded she showed promise of improvement. At the end of 8 weeks it was thought best to put her back into a lower Third Regular Grade, leaving no promotion apparent in her register.

Her actual gain in the adjustment room was 60 weeks' work in number and 40 weeks' work in written expression in 8 weeks' time.

Case 3.—S. L., girl aged 12 years, 2 months; American, from lower Fourth Grade; grew up with deficient brother; was considered defective until measured by the Binet scale; had imitated brother's mannerisms, and had a very poor opinion of her own ability. Her reading *speed* measured up to a lower Sixth Grade rate, but she needed greater familiarity with certain phonetic combinations, and training in reading for comprehension. Her written work was below upper Third Grade standard, while in the lower Third Grade Numbers she was very slow. Beginning at her educational level in these two subjects, she learned first that she could do well what she had been considering impossible. With constant encouragement from teacher and class she has in 70 *days* reached Upper Fifth Grade standard in all her work. This covered 80 *weeks'* work in written expression and numbers.

These three types of cases could be duplicated fifty or more times. The two following cases are unusual, but are given for the purpose of showing the possibilities of this method of education.

Case 4.—A. V., boy aged 14 year, 6 months; from lower Fourth Grade; Mexican parentage; educational foundation good except that he had no geography whatever, and he was unable to do lower Fourth Grade arithmetic because he had not learned all the multiplication tables; in class 63 days; recommended to lower Seventh Grade at mid-term, having covered 6½ terms school time or 130 weeks' work in 63 days.

Case 5.—A. R., girl aged 14 years, 4 months, Roumanian parentage; from Upper Fourth Grade, where she was failing a second time. When tested it was found that she did not know how to bridge tens in column addition (learnt generally in the Upper Sec-

ond Grade)., nor was she able to do Third Grade reading. In the adjustment class she began work at these two points and has completed all work up to Upper Sixth Grade standards. She was in this class 19 weeks, covering the work of 4 grades (80 weeks) according to register classification, or 6 grades (120 weeks) according to actual progress.

What is the secret of these remarkable results? Dr. Sutherland states that it is the purpose of the adjustment class to conserve all the real abilities of children, who are now failures and to encourage them to reach a higher educational level before leaving school. In order to do so the method adopted is not a "teaching" plan, but a "learning" plan. While a few short class exercises are necessary, the greater part of the day is used as individual learning time. To provide a course of study by which each pupil can advance at his own pace, the essentials of the grade curriculum are divided under three heads in accordance with the type of mental activity involved. A progress outline in natural educational steps has been arranged from the simplest to the most difficult projects in Upper Sixth Grade work. These outlines group the minimum essentials for a grade, and they thus put before the pupils definite successive goals.

The teacher devotes most of her time to supervision of individual learning. She has never more than 20 pupils under her care. Many of the teachers have had courses in educational and experimental psychology. Indeed, it is essential that the teacher be expert in diagnosing educational difficulties and familiar with many methods to apply as remedies. Her task would be hard unless she had a command of modern educational tools, such as a familiarity with standard tests, educational measurements and individual learning curves. It is a great advantage, too, if she has been trained in the method of measuring general intelligence such as the use of the Binet-Simon Scale.

The clue to the remarkable progress made by these children, therefore, is the recognition of individual differences and the discovery of specific weaknesses by means of educational tests and scales and by means of the psychological information about school subjects which has been accumulated and the application of proper methods to overcome these. I refrain from prophesying what the probable results would be from the other children, the average and the superior pupils, if equally intelligent methods were used in their case. There is no escape, however, from the thought that at present in our schools the waste due to inefficiency in our teaching is immense.

What is the significance of these facts for us? What should be our plans for the future in the light of these conditions? I shall assume that the material basis for satisfactory education must be provided. Surely it is self-evident that adequate buildings, equipment and service must be furnished. The great need that then demands emphatic statement is that a Bureau of Educational Research be established as an integral and essential part of the public school system. It should be directed by a psychologist, highly trained in Educational Psychology and Experimental Education. He should be provided with an adequate staff and his task should be to aid the teachers of this city in the fulfilment of their duty, the conservation and development of the real abilities of the citizens of to-morrow. Not only would individual children be studied, but a systematic attempt to raise the standards of accomplishment in our schools by evaluating existing methods of teaching would be made.

This would be no unprecedented step. At the present moment in many cities such bureaus have been established and their accomplishment is widely recognized as of great value. In Cincinnati, for example, there is such a bureau where expert advice can be obtained as regards any of the city's educational charges. Similarly in Los Angeles remarkably fruitful work is being done. There two experts are in charge, one devoting his entire time to the selection of the pupils for the ungraded and adjustment classes and to their supervision, the other spending his whole energy in the effort to raise the standards of achievement in the schools by the improvement of methods of teaching in the ordinary class room.

There can be no doubt whatever as to the value of such expert supervision. If proof were needed, the fact that progressive private schools have such an expert attached to their staffs would be sufficient. Certain schools absorb the full time of a psychologist. They regard this expenditure of money as most profitable and necessary. There is no good reason why the children in the public schools should be deprived of such scientific care.

There must needs be born a new attitude to the art of teaching and to the teaching profession, and not only in those without, but in those within its ranks. There is now a tide in the affairs of men bearing richest argosies, if we only have the vision and the open-mindedness to appreciate their value and to go out to welcome them. Human learning can now be guided and controlled in a scientific fashion, so that it can proceed economically and efficiently. Are not the vague dissatisfactions that our schools arouse in us due to the

fortunate awakening of our minds to the vast potentiality of children now neglected, which psychological science has revealed to us?

While we must improve school buildings and provide a proper physical environment for children, let us beware of resting satisfied with these. Is it not equally incumbent upon us if we are to attain our goal and develop in the children of Baltimore the best that they have it in them to be, to take further steps? The first should be the foundation of a department of research. The second should be the improvement of the teachers now in service, so that they may have an opportunity to equip themselves with recent knowledge of the science of education. This will mean that every encouragement should be given them in their efforts to secure higher training. This encouragement should frequently take a financial form. Promotion should be rapid for those with scientific training. The third step should be that the status of teachers should be raised not by richer monetary rewards alone, but by largely increased opportunities for intellectual and spiritual growth, by added responsibility and by greater freedom in their work. Only by such reforms shall we win into the ranks of the profession the finest manhood and womanhood that effective teaching demands.

Our welfare as members of a democracy depends upon these changes. An autocratic ruler may govern without science, a bureaucracy may dispense with science, but no democracy can survive unless its education is sound, unless its educational policy is based upon the achieved science of its time, unless scientific research is constantly encouraged. This is the challenge of the hour. Shall we have the wisdom, the self-sacrifice and the courage to strike down ignorance and to arrest human wastage with zeal and enthusiasm equal to that with which we marched to ovrthrow the enemies of the state on the field of battle?

IMMIGRATION AND DEFECTIVES.

BY W. G. SMITH, B.A.,
Department of Psychology, University of Toronto.

IN the October, 1919, issue of this journal Dr. J. Halpenny, of Winnipeg, contributed an instructive and interesting article to the discussion of the problem of Immigration by pointing out "One phase of the Foreign Invasion of Canada." That "phase" consisted in the large number of aliens scattered through the provinces, and the addition made by them to the burden of criminality and insanity—and the addition appears at first sight altogether too great. This, however, is in agreement with a general belief which sometimes finds verbal expression, vocal and written, that the river of our national life has been polluted by the turbid streams from immigrant sources. The causes for this are sometimes declared to lie in the degenerate character of the immigrants, sometimes in the defects of immigration laws and regulations, sometimes in the inadequacy of the sifting process on the part of immigration officials, and sometimes in all three. While there may be some foundation for all these assertions, it would very much clarify the situation if the concrete defects should be indicated and the remedy declared. Reports from Psychiatric Clinics and Hospitals for the Insane are definite and statistical, and the classification of defectives and diseased is based on definite diagnosis established by comparison of performances and scrutiny of symptoms. In addition, in the majority of the cases, definite information may be obtained regarding nationality and race, and the burden of defect placed where it actually belongs. But even then it does not necessarily follow that one race or people is particularly more defective than another, unless the comparison be made on an approximately equal basis. When one reads a statement in a newspaper quoting from some public speaker that there are 25,000 mental defectives in Canada, and 6,000 of them in the Province of Quebec, there is no inclination to combat or uphold the assertion, but one wonders how such precise figures have been obtained. Since the population of Quebec in 1911 was 2,003,232, then approximately 29 persons per 10,000 were mentally defective. The balance of the defectives, 19,000, must be assigned to the rest of Canada with a population of 5,203,411, or a ratio of 36 persons per 10,000. While the advan-

tage though slight appears to be with Quebec, it is offset by the fact that scarcely 4 per cent. of the population are foreign born. (The census of 1911 gave a population of 2,003,232, of which 74,421 were foreign born.) But now, in the Western provinces, the percentages of foreign-born amount up from 20 to 40 per cent. of the population, and since the proportions of defectives between Quebec and the rest of Canada were 29 and 36 per 10,000, respectively, the advantage seems altgether with the "foreigner." Curiously enough about the time that the statement was published regarding defectives in Canada, another statement was quoted from another person to the effect that in the United States a recent census revealed the fact that there were 46,000 feeble-minded in the United States. Apart from the colossal task of taking such a census—a task which has never been performed—the information of 46,000 feeble-minded for a population of about 110 millions, and 25,000 for a population of about 8 millions, might well give us "serious pause," if not, indeed, panic, about Canada's degenerate state. Relief comes when we are assured that perhaps mental defective and feeble-minded are not identical terms.

In fact, such affirmations in these broad numbers with three zeros are the merest guesses—not wild guesses necessarily, but large generalizations made from too narrow observations. For so far as Canada is concerned there has not been any census of the mentally defective among eight millions of people, and if such were undertaken it could not be performed by the simple process of counting noses, but by a rigid and careful technique, whose operation and conclusions would manifestly be open to scrutiny. Such a technique is in operation in psychiatric clinics, and what may be gathered from the results, as a support of the claim that foreign immigrants are specially defective, is a matter open for discussion. Thus of 3,083 cases reported from the Psychiatric Clinic of the Toronto General Hospital, there were 862 morons, 818 imbeciles, 114 idiots, 497 insane, 75 epileptic, 385 backward, 3 cretin, 7 deaf and dumb, and 322 apparently normal. But of the patients coming to the clinic, for the period to which the above figures apply, only 45.33 per cent. were Canadian; the greater part were, therefore, foreign, about 55 per cent. Since, however, Toronto showed (1911) a population of 376,538, of which 33,131 were foreign-born, then about 8.8 per cent. of the population was furnishing 55 per cent. of the above clinical cases. Were all these feeble-minded? The answer can be neither affirmative nor negative. For 10 per cent. of the foregoing cases were apparently normal, about 16 per cent.

were insane, and 12 per cent. were backward, and the foreigner may have fallen in some cases under these categories rather than under feeble-minded which does not appear at all as a distinct category, but probably is synonymous with the three groups of moron, imbecile and idiot, *i.e.*, synonymous with mentally defective. One can scarcely say that the case is definitely against the foreigner.

Of 12,000 pupils examined in a number of Public Schools in Toronto under the direction of the Canadian National Committee for Mental Hygiene during 1919, there were 173 children found mentally defective with an intelligence quotient (ratio of mental age to natural age) of 75 and less, that is, 1.5 per cent. of the school population examined. Since in these schools some very retarded children were not examined because of their absence, it may be allowed that approximately 2 per cent. were defectives of the above specified degree. That would mean, if the same percentage prevailed throughout the 80,000 children in the Public Schools of Toronto, a total of 1,600 mentally defective children, struggling under the conditions of the regular curriculum. Since in the Public Schools of Ontario there were 527,610 pupils enrolled in 1916, it would look as if, on the same percentage, there were the possibility of 10,000 defective or feeble-minded children in that province. Since of the 173 children diagnosed as mentally defective 60 per cent. were reported to be of non-Canadian birth, the burden on the province seems considerable.

Turning now to the figures quoted by Dr. Halpenny, in the article already referred to, there were 5,241,591 people of 16 years of age and over registered in Canada in the special census of June, 1918. Of these about 350,000 were aliens, and Manitoba had 30,801 The six assize courts of that province in 1919 showed in the southern district the cases of 2 Scotch, 3 Canadians, 1 Russian and 1 English, but none were found guilty. Though in that district there is only a small foreign population the case for the foreigner is not severe, 6 British against 1 non-British. In the Dauphin Assize—a district where there is a large foreign population tributary—there were English 3, Russian 1, Austrian 8, American 1, Canadian 9, a contrast of British 12 to non-British 10. While the 1 Russian in the southern district could read and write, and 4 of the Austrians in the Dauphin district could not read and write, it is not specified what they could not write, though it may be presumed that like the Canadian they could not write anything. At Minnedosa 9 of the 10 cases were Galicians, and they knew no or insufficient English,

hence required an interpreter. That may be regarded as unfortunate rather than vicious. Taking the Eastern Judicial district, including the city of Winnipeg, and considering the total of 238 cases for a period of two years from January, 1917, to the Spring Assizes of 1919, there is the following situation:

	Totals	Per cent.
Scandinavian—		
Icelandic 1, Norwegian 2, Swedish 2, Danish 1	6	or 2.5
Western Europe—		
Belgian 3, French 2, Swiss 2, Spanish 1, Hollandish 1	9	or 3.7
American	9	or 3.7
Southern Europe—		
Italians 6, Greek 1, Roumanian 3	10	or 4.2
British—		
English 11, Irish 4, Scotch 4	19	or 8.0
Slavic—		
Ukranian 2, Russian 35, Ruthenian 1, Galician 2, Polish 7	47	or 19.7
Canadian	58	or 24.3
Central Europe—		
German 1, Austrian 79	80	or 33.6
	238	

The situation for the Austrian looks bad, but without minimizing the danger an extenuating circumstance may perhaps be found in the years 1917-19. If for the time being we neglect that deplorably heavy percentage and group the Canadian, British and American (because of "Springing from Common stock") they total 86. Add the Scandinavian and French (who are "quickly Canadianized") and we have 94 cases compared with 64 for all the rest of foreign speaking people from Europe—a ratio of about 3 to 2 in favor of the aliens who are supposedly the most "unenlightened." If we include the unusually large number of Austrians the proportion becomes 94 to 144, or almost 2 to 3, which, considering the facilities of knowledge of British Institutions and Law, familiarity with the English language, and a considerably less handicap in adjusting oneself to new conditions on the part of the Britisher and the Canadian, presents a by no means hopeless picture for the future of the alien, and may take a little off the sharp edge of Dr. Halpenny's statement, while admitting its formal correctness, that "our criminal class, with all the attendant evils, to say nothing of the expense, is drawn all too much from our aliens."

But what of the question of insanity which is so closely associated with crime? Taking again the figures of Dr. Halpenny for the province of Manitoba and grouping the Canadian and British they constitute 58.5 per cent. of the population; while all the rest, including the French, constitute 39.95 per cent. Of the total num-

ber of 954 insane inmates in the Brandon and Selkirk Asylums the Canadians contributed 338 and the British 273, a total of 611, a percentage of 63.73; while all the rest of "alien" Manitoba, including the French, contributed 343, or a percentage of 35.77. That is to say, the British-Canadian being 58.5 per cent. of the population contributed 63.73 per cent. of the insane, and the "alien" being 39.95 per cent. of the population contributed only 35.77 per cent. of the insane.

It is by no means desirable that a bad or a good case should be made out for the immigrant, but rather that the facts of the case should as far as possible be ascertained in order that an adequate judgment may be reached. To say, therefore, that the immigrant is responsible for furnishing us with the greater part of our mental deficiency, insanity and crime may or may not be true; but the interesting thing is to discover the basis on which such a declaration was made. In this connection a Toronto newspaper some time ago quoted a statement that more than half of the insane and feeble-minded in Canada had been imported from outside countries, but failed to give the evidence in support of such a judgment. If now one would be allowed to use the census of 1911 as a field of search, would the data there justify the above statement, and if not, where could one look for the necessary evidence? The statistics for that year gave the number of Blind, Deaf and Dumb, Insane, and Idiotic as 28,611, of whom 23,083 were born in Canada and 5,528 were from outside. On this basis the "more than half" in the above statement should become "less than a fifth." This is such an extraordinary change that one wonders if the figures can be correct.

But it may be that it is not so much a matter of birthplace as of racial origin that is the source of such defective persons. In this respect the foregoing 28,611 showed that 11,488 were British, including Canadian, 16,791 were foreign and various, and 322 were Indian, that is, 40 per cent., 58 per cent. and a little more than 1 per cent. respectively. In an investigation of some hospitals in Manitoba by the Canadian National Committee for Mental Hygiene it was found that of 269 unmarried mothers who were cared for in one year, 44.23 per cent. were of British birth, and 25.76 of Canadian birth. That left 30 per cent. for all other races in Manitoba. Is that an excessive proportion compared with British and Canadian? Again, of 400 consecutive admissions to jails in the Western provinces the Canadian National Committee found that 23 per cent. were of Canadian birth, 33 per cent. were of Austrian birth, and 11 per cent. were of Russian birth. This was regarded as an

altogether too great disproportion since it was held that while the Austrians gave 33 per cent. of the above jail population, they should only have contributed 8 per cent., and the Russians 1 per cent. instead of 11. But it seems evident that of the 449,443 foreign-born in the three prairie provinces, this large proportion of misdemeanors on the part of the foreign-born may not be altogether due to innate viciousness or defect. For of the Ukrainians, who have been frequently included under the designation Austrian, 39.8 per cent. were unable to speak English, while 35 per cent. of the Austro-Hungarian, 27.2 per cent. of the Poles, and 27.1 per cent. of the Russians were in the same plight. It may be that of the 400 admissions to the jails the high percentage of the foreign-born may be, in part at any rate, due to ignorance of Canadian language, laws and institution, rather than to any inherent mental defect.

This problem, then, of how far the alien immigrants contribute to the total of mental deficiency, insanity and criminality is an intricate and even a delicate one if injustice would be scrupulously avoided. The general impression is that a contribution all too great is made by the foreigner, and that if immigration of foreign-speaking peoples were prohibited entirely, or if they were more rigorously examined at the port of entry a number of these difficulties would be eliminated. The policy of absolute exclusion would no doubt be effective if it could be carried out, but a number of other things would also be eliminated along the lines of industry and production. Prohibit the entrance of the foreigner and thousands of acres of the virgin soil remain untouched, railways must remain as they are, if indeed they do not deteriorate, and the wealth of many mines abides in the earth. The more rigid examination of incoming immigrants becomes, then, not only a necessity but a court of last resort, and the question arises, are our immigrant officials being given time and adequate facilities for the examination of all immigrants and the exclusion of those whose entrance is prohibited by law? And how does Canada compare with the United States in this policy? Now, both countries exclude the idiot, the imbecile, the feeble-minded, and the insane. Yet in 1913-14 out of a total of 1,197,892 immigrants entering the United States, there were rejected 18 idiots, 537 imbeciles, 198 insane, a total of 753, or a ratio of 1 to 1,590. In Canada for the same year there were 384,878 immigrants, and there were rejected 2 idiots, 21 imbeciles, 15 insane, a total of 38, or a ratio of 1 to 10,127. If the type of people had been approximately the same, and the methods of examination the same, and the ratio the same, Canada should

have excluded 114 instead of 38—though it is at least theoretically possible that 38 constituted the total number for the period specified. Whatever leniency on the part of Canada is indicated by such comparison it tells nothing as to respective merits or demerits of the different nationalities or races. If we turn to the deportations for the same years there were in all 1,834 persons deported for the following causes: Accompanying patients 10, bad character 159, criminality 376, medical causes 570, non-compliance with regulations 4, public charges 715. But who constituted this large number of 1,834 persons? There were 952, or nearly 52 per cent. British, 405, or about 22 per cent., American, and 477, or 26 per cent., belonged to the rest of the world. This does not speak so adversely against the non-English-speaking foreigner. How would he fare in the matter of rejections? During the same period there were 1,827 rejected, namely, 76 for accompanying patients, 102 bad character, 3 criminality, 994 lack of funds, 76 likely to become a public charge, 398 medical causes, 178 non-compliance with regulations. Of these total rejections only 171 were British, 12 were American and 1,644 from other countries. This is certainly against the foreigner who was not allowed to come in, and if the sifting process of examination works favorably at all it is on behalf of the British and American. With deportation the case is reversed, though that may be in small measure due to the greater facilities for deportation. Of the 570 deported for medical causes 207 were for insanity; of the 398 rejected for medical causes 15 were for insanity, and 22 for mental deficiency. Now, since the greater proportion of rejections were foreigners, it is not without significance that insanity is so rarely the reason, only 4 per cent. of the medical causes, while with deportations in which British and American preponderate insanity constitutes nearly 40 per cent. of the medical causes. The advantage is again with the foreigner.

For the year 1918 there were examined at the Psychiatric Clinic of the Toronto General Hospital 1,455 persons, about half of them under 16 years of age. Of the total number the Canadians were 803, English 291, Scotch 56, Irish 25, and American 39, that is, 1,214, or nearly 84 per cent. of the whole. The 86 Russians, 34 Italian and 121 from other foreign countries totalled 241, or about 16 per cent. of the whole. The Attorney-General of Alberta reported that for 1917, of the official dependents of the province 402 were Canadian and 503 were immigrants. Since the foreign-born, in 1911, constituted 33 per cent. of the population, this more than 50 per cent. of the dependents is against them, though no doubt many of the 503 were not "foreign." Of the 525 cases dealt with

by the Juvenile Courts of Alberta for the same period, 205 were Canadian and 320 were immigrants, or the children of immigrants. The Charities' Organization Society of Montreal reported that for 1916 the number of person assisted included 51.3 per cent. immigrants and 48.7 per cent. Canadian, though the foreign-born constituted less than 10 per cent. of the population. But to whom was this charitable aid extended? The classification of a thousand cases shows 130 Canadian-born and English-speaking, 357 Canadian-born and French-speaking, British 370, American 43, and all others 100. This time, perhaps, the non-English-speaking immigrant has the advantage.

All these various data lead naturally to the enquiry as to how much immigration does contribute to the number of "infirm" persons in the population. In the statistics of the census of 1911 the word infirm designates blind, deaf and dumb, insane, and idiotic persons. The proportion per 10,000 of the population for the various provinces turns out to be P. E. Island 53, Nova Scotia 50, Ontario, 49, Quebec 47, New Brunswick 41, Manitoba 39, British Columbia 27, N. W. Territories 27, Saskatchewan 9, Alberta 9, Yukon 6. That is to say, the provinces with the greatest proportion of "foreigners" have the smallest ratios of infirm. These infirm persons totalled, in 1911, no less than 28,611. Whence did they come and of what origin were they? The following table gives some indication:

TABLE OF INFIRM IN CANADA IN 1911, BY BIRTHPLACE AND ORIGIN

Birthplace	Number	By Origin	Number	Males	Females
Canada	23,083	French	9,051	4,870	4,181
England	1,380	English	4,869	2,713	2,156
Ireland	637	Irish	3,649	1,967	1,682
Scotland	476	Scotch	2,970	1,641	1,329
Russia	202	German	944	519	425
Austria Hungary	170	Indian	322	193	139
Germany	156	Austro-Hungarian	211	130	81
Sweden	69	Scandinavian	174	112	62
France	41	Russian	169	114	55
Italy	37	Italian	61	45	16
Norway	30	Various	561	330	231
Wales	21	Not given	5,620	2,896	2,724
Asiatic	44				
Other European	85				
Various	2,180				
Total	28,611	Totals	28,611	15,530	13,081

	Sex	Totals	Canada	United Kingdom	Europe	Asia	Various
Insane	Males	7,688	71.39	10.70	3.66	.50	13.72
	Females	7,014	77.85	9.72	2.15	.01	10.25
Idiotic	Males	3,501	91.77	4.25	1.39	..	2.57
	Females	2,596	91.87	4.33	1.50	.03	2.24

Leaving aside the 2,180 designated as "various," since they would probably be scattered throughout the list, the factor of birthplace gives 23,083 Canadian, 2,514 British and 834 alien. Now the population of Canada in 1911 was 7,206,643, and the total number of foreign-born was 752,732, or about 10 per cent. They furnished scarcely 3 per cent. of the infirm. But it may not be so much a matter of the contingency of birthplace as of inborn characteristics of races. Then the right side of the table shows where the burden lies, for the English, Irish and Scotch furnish 11,488, or 40 per cent., the French 9,051, or nearly 32 per cent., while all central and Eastern Europe by the aid of the Indians contributed 1,891, or only 6 per cent. Even a minute examination of the details of infirmity does not destroy this evident advantage. Of the 1,850 males who were blind, those born in Canada constituted 78.64 per cent., those born in the United Kingdom 15.54 per cent., and those born in Europe 3.45 per cent., and those born in Asia .05 per cent. But since blindness may be a misfortune rather than an indication of constitutional weakness, the case may be worse with insanity and idiocy. Then consider the following analysis from the same source:

INSANITY AND IDIOCY

Percentages of same Totals by Origin

	Sex	Totals	English	Irish	Scotch	French	German	Austro-Hungarian	Italian	Scandi-navian	Russian	Indian	Various	Not Given
Insane	Males	7,688	13.77	9.54	7.58	27.06	1.69	.82	.44	.70	1.02	.29	1.70	35.34
	Females	7,014	13.14	10.03	7.28	28.27	1.41	.49	.15	.51	.49	.27	1.09	36.81
Idiotic	Males	3,501	21.62	17.96	14.51	33.70	4.82	.48	....	.34	.22	.65	2.34	3.31
	Females	2,596	21.73	20.14	14.19	31.36	5.41	.46	.11	.30	.23	.54	2.32	3.17

On this mode of analysis the advantage lies very clearly on the side of the alien. A glance at the tables is sufficient to show that but few perhaps will be prepared for the remarkable rise in the fig-

ures for Scotch, Irish, English, French, and then the more remarkable drop for European peoples. The contrast is so striking that anyone selecting as a foundation the mere constituent proportions of "Infirm" by birthplace or by origin, or by both, must abide by the issue, unexpected as it may be; or discover some data other than the official census on which the argument may be based. But even with the data of the census as a foundation the analysis into constituent factors tells very little regarding the weakness or the strength of particular races or nationalities in Canada. Indeed, there are several fallacies underlying this mode of treatment of the problem of the immigrant. It is assumed that if the immigrant were excluded our burden of mentally defective, idiotic and insane would be reduced by more than half; or it is assumed that if the defectives were rigorously excluded at ports of entry and only the healthy and normal allowed to enter many of our problems due to insanity and feeble-mindedness would disappear; or, it is assumed, that we are too much overwhelmed by the floods from degenerate Europe. All these assumptions may be considered in the light of the foregoing tables, and they will all be disproved, whereupon it may be found that there is a great fallacy in the tables themselves. For by these tables the alien stands far superior to the British and the Canadian, and so much superior that a suspicion arises as to the accuracy of the basis. And the basis is manifestly wrong. For it should not be a question of absolute constituents of a class, as an extreme illustration may show. Each of five persons is insane—English, Irish, Scotch, French, and Russian. According to constituent proportions all are on the same footing, but in the community from which they come, there are 100 English, 50 Irish, 25 Scotch, 10 French and 1 Russian, and that one Russian is the insane one of the above 5—*i.e.*, 100 per cent., while the English have furnished only one per cent. of their number. Yet it is on just such basis as the latter that a comparative estimate of the various races should be made. For the question is, What proportions of the various nationalities in our midst are insane or idiotic or defective? That question cannot be answered with anything like accuracy unless a complete survey be made, and even then would be only a sort of approximation. But if the statistical data of the census be used, one can ask what is the percentage of the various peoples who manifest these features of infirmity? And the comparison of the percentages may then furnish a basis for judging the "quality" of the nationality.

The number of Canadian-born males who are blind form a definite percentage of the total Canadian-born males, the insane another percentage of the same total, and a similar situation prevails for the different nationalities. In other words, the comparison must be relative not absolute. Now, of the 1,850 blind males in Canada 1,443 were born in Canada, *i.e.*, 78 per cent. of the whole. But there were no less than 2,849,422 males born in Canada, and the 1,443 who fell to their share, formed only 5.1 per 10,000 of that total. Similarly of the total 7,688 insane males, those born in Canada were 71.39 per cent. of the whole, but on the basis of proportional contribution Canada gave only 19.26 per 10,000 males. At the risk, therefore, of compiling a compendious and bulky table the following figures afford a basis of comparison per 10,000 of the population, and will show, perhaps clearly, what nationalities manifest definite weaknesses according to the features designated by the word "infirm."

Blind	Deaf and Dumb	Insane	Idiotic
Irish	Canadian	Irish	Canadian
Scotch	Irish	Canadian	Irish
Welsh	Scotch	English	Welsh
Canadian	English	Welsh	Scotch
English	Welsh	Scotch	English

From the foregoing table there arise a different situation from that which has hitherto been the case. Except for the particularly bad showing made by Ireland there is not a great divergence between the British Isles and Canada, though Canada shows up badly in the matter of deaf and dumb females and idiotic males. A comparison of the first and second parts of the table shows that between the British Isles, Canada, and Europe, the last-mentioned can scarcely be blamed for "furnishing us with more than fifty per cent. of our defectives and insane." The Austro-Hungarians who have come in for a good share of condemnation make, on the contrary, a fairly good showing, while the Italians have, in these respects, at any rate, a really estimable record. On the whole, the foregoing figures furnish food for reflection in a variety of aspects. Take, for example, the question of the Blind. The situation for Ireland is puzzling since the ratio is about three times that of the other British Isles and Canada. The European nations, with the exception of Germany, are in this respect somewhat superior, Austro-Hungarian, Italian and Russian having a considerable advantage. The high rate of blindness among the Indians is, however, a sad commentary on a neglected race, for which "the red

man" may not be entirely to blame. In the case of the deaf and dumb there is not a great divergence, the superiority going to the Welsh and Italian, and the heaviest burden falling upon the French. Regarding the insane, Ireland is the greatest contributor among all European countries, but they are not at all "inferior" to Canada in that respect, and actually "superior" in the small proportion of idiots. Comparing the order of "demerit" by peoples the Britsh-born show the following.

Blind	Deaf and Dumb	Insane	Idiotic
Germany	Germany	Germany	Germany
Sweden	Russia	Sweden	France
France	France	Norway	Sweden
Italy	Austro-Hungary	Russia	Russia
Russia	Sweden	France	Austro-Hungary
Austro-Hungary	Norway	Austro-Hungary	Norway
Norway	Italy	Italy	Italy

Here the Irish and Canadian alternate in obtaining "first place" in demerit. Of the European-born the order is:

Blind	Deaf and Dumb	Insane	Idiotic
Indian	French	Russian	Irish
French	German	French	French
Irish	Scotch	Irish	Scotch
German	Russian	Scotch	German
Scotch	Irish	English	English
English	Indian	Italian	Indian
Scandinavian	Austro-Hungarian	Scandinavian	Russian
Italian	English	Austro-Hungarian	Austro-Hungarian
Russian	Scandinavian	German	Scandinavian
Austro-Hungarian	Italian	Indian	Italian

Of European nations, therefore, Germany furnished Canada with the greatest proportion of "infirm," and the persons who declare that illiteracy and "infirmity" go hand-in-hand will have, as best they may, to square accounts with Germany in the unenviable first place and Italy in the last. But when transplanted to the soil of Canada the descendants may show signs of change either of improvement or deterioration. Then by *origins* the case stands as follows:

NUMBER OF INFIRM PER 10,000 OF EACH NATIONALITY OR CLASS IN THE POPULATION

Birth Place	Population		Blind		Deaf and Dumb		Insane		Idiotic	
	Males	Females	Males	Females	M'les	Females	Males	Females	Males	Female
Canada	2,849,442	2,770,240	5.10	4.11	7.42	66.20	19.26	19.71	11.27	8.57
England	310,780	199,894	4.24	4.00	3.50	4.15	15.79	16.95	2.67	3.15
Ireland	51,171	41,703	15.43	12.46	5.47	5.27	36.74	49.15	6.25	7.43
Scotland	100,428	68,963	5.47	5.22	4.58	2.75	13.54	19.57	3.18	2.46
Wales	5,800	2,927	5.17	6.83	1.72	3.41	13.79	10.24	3.44	3.41
Austria-Hungary	77,562	43,868	1.28	.91	3.99	4.55	7.60	7.29	1.41	.68
France	10,940	6,679	2.74	2.99	4.57	2.99	10.96	14.97	1.82	7.48
Germany	23,403	16,174	9.82	6.80	6.83	6.18	19.22	18.54	5.12	5.56
Italy	28,968	5,771	2.07	....	.34	1.73	7.59	8.66	.34	1.73
Norway	14,354	6,614	....	1.51	2.78	....	12.54	6.04	1.39	1.51
Russia	61,001	39,970	1.31	3.75	5.24	4.50	11.80	8.75	1.47	3.25
Sweden	19,827	8,399	3.02	3.57	3.02	1.19	14.62	23.81	1.51	1.19
Other European	28,908	15,363	2.76	1.30	4.15	5.20	8.64	9.76	3.11	3.90
Asia	41,419	4,018	.24	2.48	....	2.48	9.41	2.48	....	2.48
Various	197,992	154,065	3.08	2.53	4.29	4.73	53.28	46.66	4.54	3.76
Origins										
English	974,028	849,122	4.02	2.88	5.18	5.02	10.87	10.85	7.77	6.61
Irish	540,279	510,105	5.44	3.56	5.73	5.39	13.58	13.80	11.64	10.21
Scotch	525,986	471,894	4.50	3.77	5.95	5.78	11.08	10.82	9.65	7.77
French	1,041,381	1,013,509	5.81	5.59	9.63	8.09	19.98	19.56	11.33	8.00
German	206,455	186,865	4.60	3.31	6.05	6.63	6.29	5.29	8.18	7.49
Austro-Hungarian	78,543	50,560	1.14	.59	5.22	6.13	8.02	6.92	2.16	2.37
Italian	34,651	10,760	2.02	....	1.15	1.85	9.81	10.23	....	2.78
Scandinavian	66,741	40,794	2.99	1.71	3.89	2.69	8.09	8.82	1.79	1.96
Russian	35,935	22,704	1.67	1.76	5.84	4.40	21.98	15.41	2.22	2.64
Indian	53,561	51,931	21.84	16.36	5.60	4.04	4.29	3.65	4.29	2.69
Various	180,347	113,147	2.60	3.53	3.88	4.77	7.26	6.80	4.54	5.30
Not given	84,088	63,257	2.37	2.37	5.11	7.11	323.114	408 17	13.79	12 96

Here a number of interesting puzzles arise to afford opportunity for expert diagnosis on the part of hygienists. Why does the Indian stand at the worst in the matter of blindness and least in the matter of insanity? Why does the Italian make such a comparatively good showing in the matters of deaf and dumb and idiotic? Why do the French and the Irish show such undue prominence in

all four defects, especially since the great majority of the French are Canadian? If high intelligence and insanity are usually associated why do the Germans appear next to the Indians with the least amount of insanity? Why, on the other hand, do the Russians show such a preponderance in the proportion of insane males, and why do the French surpass all other peoples in the high ratio of insanity? Why is it that Sweden, with its excellent educational system, has furnished the highest ratio of insane females, nearly three times the proportion for Italy?

Bue one must bear in mind the popular saying about fools asking questions which wise men cannot answer, and be content with pointing out that on the data used the case against the alien is not at all so bad as popular impression would intimate. It may not be a well-founded statement that our immigration policy is a complete failure, or that the foreigner is characterized by degeneracy. Nor does it appear that, on the basis of comparison used, he is contributing more than his "share" to the sum total of "infirmity" in the corporate body of Canada. It may be that in the body of this youthful giant there are indeed too many toxins working against its sovereign strength, but it is not at all apparent that these toxins have their origin in "alien" infection. Of course that *may* be their origin, and if the native stocks had been allowed to develop unhampered by the presence of the foreigner, the "sere and yellow" lines of degeneracy would not have made their appearance, at least not so soon. But until the evidence is adduced on which such a conclusion is based the statement must be regarded as unproved, though not unprovable. British justice has been wont to regard a man innocent until he is proved guilty, and guilt can scarcely be established by general impressions, or the somewhat panicky spread of assumptions. But all this does not prove that the immigrant is either supremely pious or extremely healthy. If the foregoing basis of comparison be accepted it only proves that the alien is but of like passions and failings as the rest of folk, and the country into which he comes has a duty to discharge as much as he has a labor to give. And if, on the other hand, the foregoing basis is utterly erroneous and inadequate, then until a new and better basis be found judgment must be suspended. It may be that the danger zone lies not in his infirmity, but in his criminality, but the discussion of that problem would unduly extend an article already too long and must be reserved for a future issue.

PSYCHOLOGY AND MEDICINE.

BY WILLIAM D. TAIT, PH.D.,
Department of Psychology, McGill University.

PSYCHOLOGY is now recognized as a science; it has followed the example of sister disciplines and has become emancipated from philosophy. Because it is a science one looks for applications. In this respect some have made extravagant claims for the new science, not only with regard to medicine, but also with regard to other aspects of life. It is intended here to outline in a very brief manner some general reasons why the physician should become acquainted with the facts of phychology and why some time should be spent on the study of mind.

Medicine after all is applied science. The discoveries of physics, chemistry, philology, psychology, etc., are used for the purpose of healing the human organism or in a hygienic sense the prevention of disease. Now one aspect of the human creature, as we know him, is mental. This much is certain, whether we call ourselves interactionists, psycho-physical parallelists, or what not. If that is the case, if mind is a part of man, it is a most important feature of his being, if it is sometimes diseased, if it requires healing, if it has a definite relation to the body, then it would appear essential that the medical student should know something about mind. He should know what mind is, the laws of mind, the evolution of mind, the hygiene of mind, the abnormal and special manifestations of mind and their relation to the normal mind.

In other fields of medical study it is customary to begin the instruction by imparting a knowledge of the normal structure. In physiology, for example, the student first becomes aware of the structure and functions of the normal body. This is his guide and standard when he comes in contact with the abnormal or pathological. The same principle and procedure should be followed with respect to instruction in the realm of the mental. In the past, the method here has been to give the student some lectures and clinics on the more exaggerated aspects of the abnormal mind. He is thus left entirely in the dark as to what the term abnormal mind may mean and this cannot but give a wrong perspective of mental life in general, and is "putting the cart before the horse." Rather than

this the student should approach the study of mind by a consideration of its normal manifestations, that is, by a general course in psychology.

Of course, some will say that psychology is merely a branch of physiology. There is no doubt that the relation is a close one, but after many years of investigation, physiology is unable to throw much light on many of the psychological processes. We say that every psychosis presupposes a neurosis, but when we are asked to fill in the details the plea of ignorance must be entered in many instances. For example, what is the physiological correlate for the feelings of pleasantness and unpleasantness, to the emotion of wonder, to the sentiment of reverence, the laws of memory, the span of attention? All of these are matters of investigation for the psychologist whether a science of physiology existed or not.

Further, many of the facts of phychology do not depend on introspection, and the old idea that psychology is a subjective science must be cast aside. Intelligence tests certainly do not depend for their validity upon introspection. The relation between physiology and psychology is much like the relation between chemistry and physiology. In a sense, all psychological facts are open to a physiological explanation or even a chemical or physical one, just the same as all physiological facts are open to a chemical explanation or interpretation. Psychology is interested in the study of integration behavior: physiology more in the behavior of each unit of the organisms. Each science is hoeing its own way in the field of knowledge, but it is not the only row and the field is big.

Briefly, then, psychology should form a part of the medical curriculum for the following reasons:

1. It is imperative that the physician know the mind as well as the body, and he can only obtain this knowledge by a study of normal and abnormal mental life, or, in other words, by taking courses in both normal and abnormal psychology.

2. At present, the medical student obtains his information by means of a few lectures and clinics on abnormal manifestations of mental life. These caricatures, so to speak, can only be placed in their proper perspective and orientation by relating them to the normal.

3. The facts of mind are useful to the physician as he goes in and out among his patients. A skillful use of suggestion, for example, is of great worth even in the treatment of the so-called organic disturbances. Why should the matter be left to haphazard methods as at present?

4. Psychology, although a young science, has already been able to furnish the physician and psychiatrist with some valuable data. A very evident instance of this are the Intelligence Tests. These tests are largely the results of work by psychologists and are an example of what scientific method will accomplish. The tests are reliable, but very few doctors in Canada are qualified to use them because, until recently, during their medical course, they have spent comparatively little time on psychology or its methods.

Further, at present, and for some time past, psychologists have been interesting themselves in psycho-pathology, and there is no doubt but that scientific method here as in the case of mental defect, will result in bringing the study of insanity out of a rather indefinite state, and tests will be devised which will help to differentiate the various type. Just as the physician is now able to measure feeblemindedness with certainty and accuracy, so will he have further aid to diagnose and classify insanity and other psychopathic manifestations.

As an example of another kind of contribution, consider the great use which has been made of the doctrine of repression or as some would prefer, the doctrine of disassociation, in the treatment of what is misnamed shell-shock.

5. Mental symptoms are often useful in making diagnoses of organic ills. Many such are accompanied by typical mental disturbances. The mistake is sometimes made of considering the case purely mental.

6. Many physicians treat mental diseases too much in the same way as physical, that is, there is a little too much of the rule of thumb method. As study of psychology will reveal to the student the vital importance of recognizing individual differences, and among these the existence of certain correlations. There are no two functional cases alike, and each one requires personal and individual consideration.

7. No doubt due to the fact that medical students are only instructed in the subnormal side of mind, the term mental hygiene has almost come to mean the subnormal. Just as there is hygiene of the normal body, so there is hygiene of the normal mind; there are rules for the mind as well as for the body. Especially in its educational aspect, psychology offers an immense amount of information which should be available to the school physician. Instance the rules of attention, the laws of memory, the causes of repression, the development of perception and ideational life with reference to studies. It is the physicians duty to know all this, for

it is the preventive side of psychological medicine with regard to our schools.

8. A great amount of investigation into questions of psychological medicine is necessary, and this can only be done by the physician trained in the methods of psychological research. At present, the training of the medical student is merely clinical. That is good in so far as it goes if we are interested in nothing but the making of practitioners. The point is that if our knowledge of mental states is to progress, research must be provided for and therefore a training in and scientific methods is imperative. One sometimes fears that some of the training is merely for the purpose of demonstration, and we forget that the real training in any science is method.

Admitting that mind is the highest part of man, and that man is controlled by his mind, that the structure of mind is most intricate and complicated, that during the last twenty-five years immense progress has been made in the study of mind, that much of this data is now available for the physician, then why is adequate provision not made for the study of mind in our medical schools?

THE FEEBLEMINDED IN CANADA.

BY COLIN K. RUSSEL, M.D.,
Neurologist, Royal Victoria Hospital; Lecturer in Neurology and Applied Neurology, McGill University.

MANY communities are now sufficiently enlightened to spend large sums of money on various projects recognized as necessary or contributary to public health, for example, in procuring a good clean water supply. It has taken, in some cases, many years and a great deal of often times discouraging work on the part of an enlightened few in these communities to accomplish this. Scarcely less important to the welfare of the community is, I venture to say, the question of the Mentally Defective.

Typhoid Fever—the greatest scourge to a community which insists on drinking unclean water—costs that community the lives of a certain number and renders a very much larger number unproductive for a matter of on an average 10 weeks. Without considering the sentimental side of the question, the actual loss to the community arising from these deaths and this period of unproductiveness, repeated year after year, is calculated to amount to such a large annual sum as to justify the heavy expense of installing and maintaining huge filtration plants. I wish to try and show you that the subject of Mental Deficiency in Canada is no less worthy of enlightened attention. In order to do this it is necessary to consider the subject from all sides.

The term "Mental Defective" is applied to an individual who, by reason of mental or physical defect, is unable to benefit normally by instruction or the lessons of experience. In other words these individuals do not grow up mentally, although they may reach adult years and stature. Some remain as idiots, helpless, mentally infants; others develop to the extent of a normal child of 3 to 7 years, and this group are termed imbeciles. A far larger group—the so-called "feebleminded or "morons"—are those whose mental development has not passed that of a normal child of 12 years. When one realizes that approximately 2% of any average community comes into the category of Mental Deficiency, one might well enough leave the matter here and let your imaginations picture what a disastrous effect such individuals might have; but it is to

be doubted whether the uninitated, even with the most vivid imagination, would more than begin to draw the actual conditions.

In a very carefully worked-out survey of the school children numbering 1,281 of a district in Baltimore, Dr. McFie Campbell discovered 22 who showed a pronounced mental defect which eliminated any prospects of their becoming self-supporting. Besides this, there are 12 children who might well have been included along with these 22, but the grouping was made as conservative as possible, so that in this district also the percentage of Mental Deficiency in school population amounts to a little over 2%. On this basis, then, one must calculate on at least 170,000 mentally deficient individuals in Canada. In the Manitoba survey, made by Drs. C. K. Clarke and C. M. Hincks, under the auspices of the Canadian National Committee for Mental Hygiene, it was estimated that 2.06% of the total school population of Manitoba numbering 100,294 were found to be mentally deficient, a total in all of 2,075 cases, and such indeed is the average in all statistics carried out by well trained reliable workers. The results of a School Survey in British Columbia, made by the same authorities, in a routine examination of 2,273 children, revealed the fact that 81, or 3.56%, were mentally abnormal and required attention in separate classes. Again, a survey of the public schools in Guelph, Ontario, by the same authorities, showed that 3.34% of the whole public school population of Guelph, that is 2,245 pupils, had an intelligence quotient of 75% or less.

In such an assembly it is hardly necessary to refer to the Kalikak family published by Godard, of Vineland, or the familiar family of "The Jukes" of past generation, as described in the classical work of Robt. L. Dugdale, of 1875, except that it might be interesting to refer to a later investigation of this latter family carried out in 1915 by Arthur A. Estabrook, of the Eugenics Record Office. Since Dugdale's time, the Jukes have left their original habitat and now there is not a single Juke living in the ancestral area, and only ruins of their abodes remain. The descendants of to-day are to be found in various localities in at least 14 States of the Union. 1,258 individuals descended from the 5 original Juke sisters are living in 1915. This latter study of the Juke family was made possible by the chance discovery of the original manuscript Juke record of Dugdale in the fall of 1911. Mrs. O. F. Lewis, wife of the General Secretary of the Prison Association, New York, found this valuable paper in Dugdale's handwriting, and Dr. Lewis kindly gave the Eugenics Record Office permission to copy the names and other data not found in the Juke publication. With the names as

the foundation this study has resulted. Of the 1,258 individuals mentioned above 186 are under the age of six, 324 are between the ages of six and fifteen. The school record of 227 of these has been studied. The record of 31 was good, 113 fair, and 83 poor. At least 39% of these children then are probably mentally deficient. Of 625 grown-up individuals, including all men over the age of 19, and all women over the age of 15, investigated with reference to social reaction, 65 are classed as good citizens, 255 as fair and 305 as poor, that is, anti-social in their behavior, being prostitutes, criminals and drunkards, etc. The new conditions brought about by alteration in their environment, exposure to new influences and the chances of introduction of other blood, and the various corrective efforts exerted, have evidently not brought about much improvement in the Jukes.

The economic damage inflicted upon the State of New York by the progeny of the 5 Juke sisters in 75 years was estimated at more than $1,300,000, to say nothing of diseases and other evil influences which they helped to spread. When it is appreciated that in the second 75 years the damages must have increased in almost geometric proportion, it is suggested that quite a large capital sum would have been well expended in the first instance in dealing with this family.

When one appreciates the fact that a mentally deficient is an individual who, by reason of his mental deficiency, is unable to benefit normally by the lessons of experience, one is naturally not surprised when we are told that a very large percentage of delinquents come under this heading, and especially will their delinquency be noticeable where it is, as it were, due to inspiration of the instincts. Thus, Glueck, in his study of 608 admissions to Sing Sing prison, has shown that prisoners whose intelligence is on a lower level are most frequently guilty of crimes against the person and sex crimes, thus in 60 cases of sex offenders, 41.7% were intellectually defective, 16.7% were mentally diseased or deteriorated. In both cases there was a loss of intellect. In crimes which had their impulse in the instinct of pugnacity and in the instinct of acquisitiveness, there was an unduly large proportion of mentally deficients among the offenders.

In the survey of the Juvenile Court Detention Home at Winnipeg, at the time of the survey made by Drs. Clarke and Hincks, there were 49 children studied with the result that 69.38 were found to be mentally deficient. In the Juvenile Court itself 65 consecutive cases were given a mental examination in October, 1918—10

girls and 55 boys. Twenty-three per cent. of the children examined were mentally deficient. Besides this, 21 of these children were classed as border-line cases. They were not actually mentally deficient or insane, but were of non-stable irresponsible make-up. It is interesting to note that over 55% of the 65 consecutive cases examined were children of foreign birth.

The report of the Special Committee of the New York State of Prisons, prepared with the assistance of V. V. Anderson, M.D., who is the Psychiatrist in charge of Special Work in Mental Deficiency of the National Committe for Mental Hygiene, U. S. A., shows that of the inmates in prisons throughout the country where studies have been made, 27.5% are found to be feebleminded, and 31.4% of the inmates of reformatories, training schools, workhouses and penitentiaries are found to be feebleminded. The cases of 100 feebleminded delinquents were studied by this Commission, *the case histories were taken from the court files alphabetically, no other selection being required than that each individual should have been diagnosed feebleminded.* The *100* prisoners in this particular court were arrested *1,825* times; record cards dating further back than five years were not gone into, though many of the 100 had had earlier court records. One can estimate roughly that these 100 individuals cost the State a good deal of money.

Of 100 drug users:—18 were said to be normal; 20 dull normal; 28 feebleminded.

Of 100 immoral women:—20 were said to be normal; 32 dull normal; 30 feebleminded.

Of 100 shoplifters:—22 normal; 12 dull normal; 25 feebleminded.

Of 100 drunken women:—11 normal; 21 dull normal; 32 feebleminded.

Of 100 vagrants:—2 were normal; 8 dull normal; 36 feebleminded.

The other members of these groups were suffering from epilepsy, alcoholic deterioration, drug deterioration and psychosis of various kinds. In fact, one is very strongly of the impression that in all type of anti-social vice, mental deficiency is responsible.

In the Illinois Training School for Girls, Olga Bridgmen in 1913 found 97% out of the 104 prostitutes examined to be feebleminded.

The Hon. Chas. M. Goodman, Judge of the Morals Court in Chicago, found 85.8% mentally deficient of the 126 prostitutes examined, and after examining 639, found 62% mentally deficient.

The report of the Massachusetts Commission for the Investigation of White Slave Traffic, so called, in February, 1915, pronounced 51% of 300 cases examined mentally deficient.

In the Canadian National Committee Survey of the Grace Hospital and Misericordia in Manitoba, 73.68% were defective, 15.52% borderline cases, and 10.52% insane. It is instructive to note that only 25.76% of these 269 were Canadian-born, while 44.3% were British-born. It is somewhat surprising to find such a proportion of British-born among these unmarried mothers of illegitimate children, and these results from Manitoba might well be compared to the report by Dr. Clarke, of one Ontario hospital for unmarried mothers where 40% of the cases were British-born.

Surely, enough has been said to impress upon you the importance to the welfare of the community of taking some steps to meet this great evil. One great cause of feeblemindedness, and the source of two-thirds of it, according to Dr. Godard, is heredity. One can see that in the Juke family to which we referred earlier. The birth rate among the mentally deficient is approximately twice that of the normal population.

In the very interesting studies carried out by Miss Ina W. Cole, under the auspices of the Montreal Local Council of Women, and which were inspired by Professor Derick, who was probably one of the first in Canada to call our attention to the evils and dangers of feeblemindedness, Miss Cole examined the inmates of Hervey Institute—which was regarded as one of the best institutions for dependent children in the Province of Quebec. In June, 1918, there were 120 inmates. Of these 80 were studied; 26 proved to be normal; 34 were undoubtedly feebleminded, and 20 were retarded, but the diagnosis was held in abeyance. Since several of this last group were brothers and sisters of the feebleminded, it is probable that they will eventually be found abong the number of mentally deficient. That is at least 28.13%, and possibly more of these dependent children are mentally deficient. The 34 feebleminded children occurred in 24 families. One family furnished five cases within and two without the institution. In addition to these cases, a study was made of 82 persons referred to the Committee by the Charity Organization Society and the Social Service Department of one of the city hospitals. In all 162 persons were examined; 80 were found to be definitely feebleminded; others being doubtful border line cases; 5% were idiots; 24 imbeciles; 51 morons whose mental ability at maturity would be that of average children of between 7 and 10 years of age. Of these 80 defectives, 29 were emi-

grants; that is, 31.25% of the feebleminded were imported into Canada, and of these, 96% were born in the British Isles.

In order to study the influences of heredity in these cases as many relatives as was possible were examined, and in the families of these 80 feebleminded people the following cases were found: 3 were epileptics, 3 were insane, 28 were of a very low grade mentally, 30 were illegitimate, 27 were grossly immoral, 44 members of 28 families were alcoholic, 10 were delinquents, 9 undoubtedly had venereal disease, 2 were beggars, 1 was a drug habitue, etc.

Enough has been said to show that mental deficiency must cost the country a perfectly enormous sum in actual money, and in loss of money by inefficiency.

There is no question in my mind that mental deficiency is increasing out of proportion among our population. Fortunately, the Immigration Department, largely through the efforts of the Local Council of Women and the Canadian National Committee for Mental Hygiene, are now alive to the subject and are taking some steps to prevent the importation of new cases. It cannot be urged strongly enough that these methods should be most stringent, but even if brought to a state of perfection, immigration is only a part of the question. The promulgation of laws leading to segregation when still young are also necessary, and for this the co-operation and united efforts of lawyers, law-makers, physicians, educators and social workers is necessary to promulgate some method which will remove from society a menacing shadow which grows every day and every hour during which we ignore its existence.

AFTER-CARE STUDY OF THE PATIENTS DISCHARGED FROM WAVERLEY FOR A PERIOD OF TWENTY-FIVE YEARS.*

BY WALTER E. FERNALD, M.D.

EARLY in 1916 the following circular letter was sent to the friends of all patients discharged into the community from Waverley during the twenty-five years 1890-1914, inclusive:

"We are reviewing the last twenty-five years' work of the School and are especially studying the influence of the School upon the boys and girls who have been with us during the period in the hope that our future work may be of more help to the boys and girls who come to us.

"For this reason we are anxious to know all that we can of our former pupils,—whether they are now living, where they are now living, how they have occupied themselves, whether they have been useful and helpful at home, or are able to wholly or partially support themselves by work at home, or for wages, whether they have been able to look out for themselves, their problems, trials, experiences, etc.

"We especially want to know whether their stay at the School was of benefit to them, and as to what part of their training was most beneficial, whether the school work, the manual training, etc., and especially as to how they might have been better fitted to take care of themselves.

"We should very much appreciate a little note from you telling us these facts in regard to _____. Perhaps you would be willing that we should call upon you some day to talk about these matters. I need not tell you that we should be very glad to be of service to our former pupils in any way. I am enclosing a stamped, addressed envelope, and shall be grateful for a reply."

This letter elicited a cordial and friendly reply from the relatives of a majority of the living and accessible patients. Those who did not reply were evidently pleased at the attention, and graciously welcomed the social worker who visited them a few days after the letter was received. This visitor talked with the family, the pastor, local officials, the police, etc. The information obtained was checked up from several sources in each case.

*Reprinted from UNGRADED, Vol. V, No. 2, November, 1919.

The total number of discharges for the period was 1537. Of this number 891 were not considered in this inquiry for the following reasons:

187 were directly transferred to other institutions for the feeble-minded,
153 were directly transferred to hospitals for the insane,
89 were directly transferred to hospitals for epileptics,
8 were directly transferred to other custodial institutions,
175 from other states had been sent to those states,
279 could not be located.

This left 646, 470 males and 176 females, whose history in the community could be obtained. Of this number 54 males and 24 females had died, and 68 males and 33 females had been re-admitted to the School.

The relatively small number of discharges for so long a period, with an average number present ranging from 640 in 1890 to 1660 in 1914, shows that the policy of long-continued segregation was consistently followed during the entire period. We honestly believed that nearly all of these people should remain in the institution indefinitely. Some were allowed to go because they seemed to have no vicious tendencies, and their friends were intelligent and able to look out for them, but the majority were dismissed under protest. Not a few of the males took matters into their own hands, and ran away. Those who could not be located were largely the children of recently arrived immigrants in the large cities.

Of the 176 female cases where the history could be obtained, 27 had married, and there were 50 children; 17 children had died and 33 were living. The social worker saw nearly all of these children, and was not sure that any of them were defective. Seven of the married women had no children. Nearly all of the women had married men whose social status was rather above that of their own parents.

Eleven married women were living useful and blameless lives; had neat and attractive homes, bore good reputations in the community, went to church, and apparently were making good in every way. All but one of the married women were morons. One was an imbecile, and her marriage had, of course, turned out badly. These 11 women had 34 children, all of whom seemed normal. Of the 11 successfully married home-makers, 3 were discharged without protest, at the request of responsible relatives; 8 of the group seemed so unpromising that they were not allowed to go from the School until their discharge was ordered by the Supreme Court on a writ

of habeas corpus; all of the group of 11 were apparently definitely feeble-minded. All had been immoral before admission, and at first, after their admission to the School, were troublesome on account of their active sex interest. After their discharge and previous to their marriages, they had apparently behaved themselves and had earned their own living.

Of the 16 married women who are behaving badly, every one was discharged against our judgment, and only after a long contest and the use of powerful political influence; in 9 cases, the Courts ordered the discharge. In these 16 unsuccessful marriages, the women turned out about as we had predicted, with a record of sex promiscuity, alcoholism, thievery, etc. Four women had syphilis. None of them conducted a decent home. In all, they had 24 children,—one woman had 10 children; one married moron, who had 2 children, and 1, who had 6 children, were subsequently returned to the School. Both had been taken away from the School by town authorities under strong protest.

There were 11 unmarried mothers among the 176 discharges, and there were 13 illegitimate children in all. Of these mothers, 8 were morons and 3 were inbeciles. Eight of these women were returned to the School after child-birth. Every one of these women was exceedingly troublesome while at the School, and all were discharged only after a long contest. Not one of them had relatives with sufficient intelligence to give any assurance that they would be able to protect the defective daughter or sister, and none were closely supervised.

There were 48 females with a history of known sex immorality after discharge including 16 married women, 11 unmarried mothers, and 14 subsequently committed to other institutions. Five girls were promptly returned to the School because of immorality. Three women were known to be occasional prostitutes for hire before commitment to other institutions. Three women were known to have syphilis, all in the married group. We did not find any record of other venereal disease. Apparently the discharged female patients have not contributed largely to the sex and venereal problem. Patients with active sex proclivities or with unsuitable relatives were not willingly discharged. The discharged cases had received years of habit-training and education, and the relatives themselves had come to realize the possible sex proclivities of the patients. Apparently the women who had friends capable of understanding them, and of properly protecting them, did not have illegitimate children, and did not become sex offenders.

Twenty-nine women drifted into other institutions after discharge,—4 to hospitals for epileptics, 10 to hospitals for the insane, 1 to prison, and 3 to girls' reformatories. In 25 years only 4 out of 176 women had been sentenced to penal institutions.

As to the economic status of the 176 women, aside from the 11 successfully married women, only 8 were fully and independently supporting and maintaining themselves in the way of getting their own jobs and paying their own bills as ordinary working women do. Of these 8, 1 was earning $6 per week as a nurse maid, and had been four years in the position; 1 was earning from $3 to $7 per week, and had been out 15 years; 1 received $4 per week in a candy factory, another $5 per week in a candy factory, 1 $9 in a cotton mill, and another $20 per month and living in housework. All of them were morons.

There were 32, helping with the housework and not being a burden, although not earning regular wages away from home, but capable of doing ordinary housework at home or for neighbors; some earning wages but not a living wage, carrying a share of the burden of the home. One was in the illegitimacy group, and had two illegitimate children, 3 had active sex tendencies, and 8 were disobedient and troublesome, but 20 had splendid records, and there was no reason why they should not continue to live at home. They were of the low moron and high imbecile group, as a rule. These cases had friends able and willing to protect and care for them.

There were 23 cases of the imbecile and idiot group grade at home, not capable of self-support, or of doing anything but the most simple housework; 2 were unmarried mothers; 2 were troublesome sexually; 6 were noisy and troublesome; but the others seemed to be well cared for and protected by their relatives, without annoyance to the neighbors or the family. The character of the home and the intelligence of the family largely determined the result.

To sum up, for 176 discharged female patients, we have the following report:

Married (11 doing well)	27
Self-supporting and self-controlling, unmarried	8
Working at home under supervision	32
Living at home, not able to do much work	23
Committed to other institutions	29
Died	24
Re-admitted to Waverley	33
Total	176

Of the 90 discharged females now at liberty, 52 are apparently giving no trouble, viz.:

Married, living at home	11
Self-supporting	8
Of those working at home	20
Of those living at home	13

In the following tables, some persons are counted in more than one classification, so the totals apparently do not check,—viz.: some of the unmarried mothers are in the immoral group, illegitimacy cases in the re-admitted group, etc. The following groups have behaved badly, viz.:

Married women, sex offenses	16
Unmarried mothers	11
Sex offenders not included above	21
Sent to other institutions	29
Of those working at home	12
Of those living at home	10
Re-admitted to Waverley	33

Of the 470 males, 28 were earning a good living, without supervision. All of these were morons. Their stay in the School had varied from 1 month to 20 years. They had been away from School from 2 to 23 years. Eight ran away from the School. Others went on trial because they seemed useful and harmless, and were very desirous of their liberty. Few seemed capable of self-support while at the School. Their weekly wages ran from $8 to $36. They were working as teamster, elevator man, city laborer, factory worker, farm laborer, soda clerk, tinsmith, carpenter, painter, chauffeur, machinist, etc. One is in business for himself as a sign-painter, a trade he learned at the School. In fact, many are following occupations they learned at the School. One had saved $2,000; another had bought a house. Eleven of the group had married, and of these marriages there were 9 children. These 28 men seemed to have a blameless record in their community. They are good citizens, regarded as simple-minded men and recognized as such by their employers, and by their wives, for where they had married normal women (as they nearly all did), the wives spoke very kindly of the mental limitations of their husbands.

Thirteen men in all had married. As before stated, 11 were well behaved and industrious. Two married men were able to support themselves, but had been sentenced to the Reformatory for larceny. There were twelve children altogether,—6 had no children, 1 had 3 children, 3 had 2 each and 3 had 1 each. The in-

vestigator saw all the children, and none of them seemed abnormal. The children were clean and well-behaved, and the homes were neat and well-kept. The two men with a criminal record earned $1.50 a day; the other 11 earned from $12 to $18 per week.

Eighty-six were steadily working for regular wages, living at home, closely supervised by their relatives. Nearly every one was a moron, although there were a few high imbeciles. A few were receiving as low as $3 or $4 per week, but the majority received from $7 to $16 weekly. The average wage was $9.60 per week. They were employed in 39 different occupations, 13 in factories, painter, baker, laborer, printing pressman, frieght handler, railroad brakeman, machinist, barber, etc. Only a few were doing simple manual labor. None of these boys or men had been troublesome sexually or shown criminal tendencies. They seemed contented and happy. These cases had been away from the School for an average of 9 years. They were at the School for varying periods. In no case would the relatives consider a return to the institution, although nearly all expressed gratitude for the training received there. This group shows the influence of a good home in modifying the after-life of institutionally trained defectives without innate character defects. The good home presupposes the absence of hereditary criminal or anti-social tendencies.

A group of 77 males of low moron and high imbecile grade and of various ages were able to do more or less work at home, but received no wages. Some were quite young, and have much of their lives yet to be lived out. Eight were attending public school, not keeping up, but learning a little slowly. These persons all seemed to be harmless and inoffensive. No record of sex offense could be ascertained. The males of this degree of mentality who had proved troublesome at home had evidently been returned to the institution. Where the members of this group lived on a farm or in a small village, they were evidently happier and did better in every way than those who lived in the cities. In this group also the lack of serious character defect and the fact that they were closely supervised were important factors in their good behavior.

Fifty-nine males of idiot and imbecile grade, unable to do any work, were living at home, and the families seemed able and desirous of continuing the home care of their permanently infantile offspring. No serious obnoxiousness was reported by the families or by the neighbors or by the police. As in the preceding group, evidently those of the group who had proved troublesome had already been sent back to the institution. Favorable home conditions

and the absence of disagreeable traits in the patients made home care possible.

Thirty-two males are known to have been committed to penal or reformatory institutions subsequent to their discharge. Of this number 22 adult morons and 2 adult imbeciles were sent to penal institutions. Their average stay at the School was less than 1 year. Eleven ran away from the School, 9 were taken away by parents, and 4 were discharged as unsuitable for the institution. Without exception, they were voluble, plausible, incorrigible, and apparently inherently criminalistic from early childhood. The crimes for which they were sentenced were as follows, viz.: 12 for larceny, 2 each for alcoholism, assault, and burglary, and 1 each for homicide, lewdness, sodomy, criminal assault, vagrancy, and highway robbery. Eight young boys were committed to juvenile reformatories for various offenses.

Twenty-three males had been arrested for crimes or misdemeanors, but had not been sentenced to penal institutions. Of this number 16 were morons and 7 imbeciles. One of them had been at the School for 10 years, five for 4 years each, and the rest for short periods only. Two ran away and the others were taken away by their parents. They were arrested for the following offenses,—viz.: 5 for larceny, 5 for breaking and entering, 3 for drunkenness, 2 each for felonious assault, danger to young girls, assault and battery and sodomy and 1 each for setting fires and incorrigibility. This group also showed distinct character defects from early childhood, and, as well as the preceding group, should never have been released except under strict parole. Both groups were typical "defective delinquents," and could not be adequately cared for or restrained in a school for the feebleminded.

Seventy-five of the males were committed to other institutions after their discharge, viz.: 8 to juvenile reformatories, 24 to penal institutions, 26 to hospitals for the insane, 8 to hospitals for epileptics, 4 to schools for the feebleminded, and 5 to various institutions. Few of these person were discharged without a protest and often a contest. Many were taken away because of proposed transfer to the very institution to which they were eventually sent. Nearly every one was incorrigible and troublesome at home. This group well illustrates the necessity of frequent reclassification of the wards of the State. This clearing-house function should be exercised in the institutions and not in the community.

Sixty-eight males were re-admitted to the School. The time at home varied from less than 1 month to 18 years. Seven were idiots, 42 were imbeciles and 19 were morons. None of these cases had been arrested or in serious trouble, but they did not get on well, or were a burden at home, or were not easily controlled.

Fifty-four died after they were discharged.

To sum up, for 470 discharged male patients we have the following report:

Earning a living without supervision	28
Working for wages, supervised at home	86
Working at home, no wages	77
Living at home, not able to work	59
Arrested but not sentenced	23
Sentenced to penal institutions	32
Committed to other institutions	43
Re-admitted to Waverley	68
Died	54
Total	470

Apparently the cases represented in the first four groups in the above table a total of 250, constituted no serious menace to the community at the time of the investigation.

The results of this survey should be interpreted with great caution. As a rule, the most promising cases are allowed to go home. They have received careful training. The parents have been properly instructed. Still many unpromising cases did well. There was a surprisingly small amount of criminality and sex offense, and especially illegitimacy. We may hope for a much better record when we have extra-institutional visitation and supervision of all discharged cases. Those with definite character defects, especially those with bad homes, should be discharged with great caution. The survey shows that there are bad defectives and good defectives. It also shows that even some apparently bad do "settle down." And it shows much justice in the plea of the well-behaved adult defective to be given a "trial outside" for apparently a few defectives do not need or deserve life-long segregation. It is most important that the limited facilities for segregation should be used for the many who can be protected in no other way.

NOTES AND NEWS

MEETING OF THE MEDICAL SUPERINTENDENTS OF THE INSANE ASYLUMS IN THE PROVINCE OF QUEBEC.

A VERY important meeting of the superintendents of the insane asylums in the Province of Quebec was held on the 24th October, 1919. The following persons were present: Mr. J. Simard, Assistant Provincial Secretary; Dr. A. H. Desloges, General Medical Superintendent of the Insane Asylums; Dr. E. Devlin, Superintendent of the St. Jean de Dieu Asylum; Dr. M. E. Brechu, Superintendent of the St. Michael Archange Hospital; Dr. J. W. Burgess, Superintendent of the Verdun Asylum; Dr. O. Noel, Superintendent of St. Julien Asylum at St. Ferdinand d'Halifax; Dr. M. E. Tremblay, Superintendent of Ste. Anne Asylum at Baie St. Paul; Dr. C. A. Porteous, Assistant Superintendent of Verdun Asylum, and Mr. M. C. Belanger, Secretary.

The following important questions were discussed:

First—Admission Forms.

It was suggested that some addition should be made to the forms of admission at present in use in order to obtain more details of the history of each patient. These details were to include a more thorough social history of each patient, their real domicile, their place of birth, their financial position as well as of those who are responsible for them. If they are foreigners or belong to another province or the United States, information with regard to their deportation or repatriation to the country or province where they have their legal domicile should be obtained. The previous occupation of the patient was also thought important to be known, particularly in the case of an ex-soldier.

The Federal Department of Immigration must secure all the particulars in connection with the deportation, or the medical superintendent must get them in the interest of the province, and transfer them to the Department of Immigration in order to get quicker action.

As the Federal Department of Immigration does not assume any responsibility when the case does not appear to be strictly a

deportable one, the medical superintendent should try to repatriate it, and for this purpose they must gather all the usual data required for a deportable case.

The admission of patients should be authorized or refused by the medical superintendent after having had all the previous information. This refers particularly to public patients, but the medical superintendent should also have the responsibility for the admission or refusal of private patients without the interference of the board of directors. Final discharge, or discharge on trial of both public and private patients should follow the same rule.

All these phases of the admission of patients to asylums were thoroughly discussed, and it was resolved that in the interest of both the patient and the province, these suggestions should be carried out.

It was resolved that in order to be able to fully carry out this work and not to impose too heavy a burden upon the superintendents of the asylums, that a secretary be attached to each of the following hospitals: St. Jean de Dieu, St. Michel Archange and Verdun.

SECOND—DIAGNOSIS.

It was suggested that the diagnosis should be made immediately after the admission of the patient by means of laboratory work, complete physical examination, urine examination, blood examination, including Wasserman test, and that the personal observations should be systematically noted and filed. Each patient should have a general file where all particulars concerning him should be put under the same number which would greatly facilitate research work and save time.

These suggestions were unanimously passed, and it was also resolved to ask that two pathologists be appointed. One to do all the laboratory work and autopsies at the St. Jean de Dieu Hospital and Verdun Hospital in Montreal, and the other in the city of Quebec to do the work at the St. Michel Archange and the Ste. Anne Hospital.

THIRD—TREATMENT.

As occupational therapy is recognized as the most effective treatment of mental disease, it is recommended that it should occupy an important place in the asylums. The financial point of view of such treatment, although secondary, should also appeal to the provincial authorities. It was therefore resolved that the su-

perintendent of each asylum should see that this branch of treatment was enlarged and improved upon in his institution.

Hydro-Therapy.

The question of hydro-therapeutic treatment in the asylums was left to the discretion of the superintendent, and it was resolved by the convention to send a member of the medical service to study this whole question at some institution in the United States.

Drugs.

It was recognized to-day that the use of drugs in asylums is decreasing rapidly, and it was felt that an exchange of views between the different superintendents on this matter would be very beneficial.

Dietetics.

It was recognized by the convention that the diet of patients in asylums should be scientific and vary with the different types of disease. It was therefore decided that in all the hospitals the diet of each person should be approved of by the medical superintendent.

Fourth—Medical Service.

It was recognized that the medical service of each asylum should be under the immediate direction of the medical superintendent.

It was also decided that the medical staff should give their whole time to the work in the asylums except for the work in universities and private consultations and at the courts.

It was, however, pointed out that several medical superintendents could not give up or abandon their private practice as the salary they received from the Government was so low. It was, therefore, decided to appraise the Government of these facts so that the salaries of these medical superintendents would be raised.

It was decided that the medical staff of St. Jean de Dieu Hospital should consist of six physicians and a secretary; that there should be four physicians and a secretary at the Verdun Asylum. There would also be a pathologist and a dentist to do the work of both these hospitals.

It was decided that there should be six physicians, a secretary and a pathologist at the St. Michel Archange Hospital in Quebec.

The pathologist attached to this hospital would also do the work at Ste. Anne and St. Julien.

As the co-operation and exchange of views between the different medical staffs was recognized as being very important, it was resolved to hold two meetings a year, when the different physicians could discuss the problems relating to mental disorders.

It was also decided that arrangements should be made, if possible, so that the physicians of each hospital in turn could spend a certain amount of time studying the methods of diagnosis, classification and treatment in the hospital of the United States.

HISTORIES OF CASES, CLASSIFICATION AND STATISTICS.

This important point was thoroughly discussed, and it was recognized that the history of each case, the classification and statistics, should be made uniform in all the hospitals. A committee composed of Doctors Devlin, Burgess and Porteous was appointed to study the question of a general classification and to draft a uniform blank or card for all the hospitals.

FIFTH—HOSPITAL FOR EPILEPTICS.

It was resolved to urge the provincial government to provide an institution for epileptics as soon as possible.

Besides these important subjects, other questions, such as the nursing staff, orderlies, employees, accommodation and segregation, were discussed.

This convention of the superintendents of the different asylums in the Province of Quebec marks an advance step in the mental hygiene movement in the Dominion of Canada. It is felt that from the semi-annual meetings of the superintendents that it will not be long before the treatment of the mentally abnormal will be greatly improved.

THE CANADIAN RED CROSS SOCIETY AND MENTAL HYGIENE.

IN attempting to fulfill the peace time obligations which Chapter 25 of the Covenant of the League of Nations has laid upon the National Red Cross Society of Canada, together with all other countries which were signatories to the Peace Treaty, the need of co-operation has at all times been evident to the Canadian Red Cross.

At the annual meeting of the Canadian Red Cross Society, held on February 4th and 5th, the following resolution was passed:

"Whereas under the terms of the Peace Treaty a League of Red Cross Societies was called into existence;

"And whereas the Canadian Red Cross Society, in accepting membership in the League, has hereby become responsible for carrying out the objects set forth in the Treaty, viz.: the promotion of health, the prevention of disease, and the mitigation of suffering;

"And whereas it is the policy of the Red Cross Society:

"(a) To carry on its peace time work in cordial and intelligent co-operation with other nationally organized and voluntary bodies, also engaged in the promotion of public health services, and

"(b) To assist in bringing about, by the voluntary action of such bodies, co-ordination, to the largest practicable degree, of their activities in order that the greatest good may be done with the most economical and effective use of all available resources;

"Therefore, be it Resolved:

"(1) That the Executive Committee be directed to arrange for the formation of a Committee to be called the Red Cross Advisory and Consultative Committee, to be constituted as hereafter provided for;

"(2) That the duties and powers of the Committee be (a) to advise its constituent bodies on means whereby, by their voluntary action, the largest measure of co-operation between and amongst them may be secured and the greatest degree of appropriate co-ordination of their activities may be arranged; (b) to take into consideration any suitable question submitted by any of the bodies represented on it, and to report the result of such consideration to all its constituent bodies;

"(3) That the Dominion Department of Public Health, the St. John Ambulance Association, the St. John Ambulance Brigade, the Victorian Order of Nurses, the Canadian Society for the Prevention of Tuberculosis, the Canadian National Committee for Mental Hygiene, the Canadian National Health Association, and other eligible bodies be each invited to appoint two representatives;

"(5) That the Canadian Medical Association, the Canadian National Association of Trained Nurses, and the Canadian Association of Public Health Officers, and the Association of Medical Officers of Canadian Militia, be each invited to appoint two representatives.

"(6) That the Executive Committee be directed to arrange for the calling and holding of the first meeting, and that thereafter the Advisory and Consultative Committee arrange the order of its own procedure."

At a combined meeting of the Executive and Finance Committees of the Canadian National Committee for Mental Hygiene, Mr. D. A. Dunlap, Dr. C. K. Clarke and Dr. C. M. Hincks were appointed as a sub-committee to consult with the Canadian Red Cross Society regarding co-operation. With the passing of the above resolution, there will be from now on active co-operation between the Canadian National Committee for Mental Hygiene and the Canadian Red Cross Society, and it is felt that with the support of the Canadian Red Cross Society, more active progress will be made along the lines of mental hygiene in Canada.

OFFICIAL CLASSIFICATION OF MENTAL DISEASES AND UNIFORM STATISTICAL REPORTS ON INSANITY.

PROGRESS along the lines of mental diseases has been seriously handicapped by the unfortunate absence of accurate scientific information which would warrant definite conclusions regarding many matters of far-reaching importance. We naturally turn to the published works of recognized authorities whose observations are based presumably on a wide experience with the subject under discussion. We soon find ourselves overwhelmed with theories and confronted with a startling absence of established facts. The text books are filled with unsubstantiated statements regarding the frequency of various forms of insanity and the recovery rate of certain psychoses. These are usualy based upon the personal observations of the author in question or upon statistical data available from his own hospital. It is only by accurate statistical studies that we can arrive at conclusions of any great value regarding the matters upon which our fundamental conception of psychiatry largely depends.

Heredity is usually looked upon as one of the most important etiological factors of mental disease. However, how far is it responsible for dementia praecox or manic depressive insanity as compared with the various forms of mental deficiency or epilepsy? Can we rely upon the Mendelian theories relating to heredity sufficiently to warrant a complete revision of our views on this subject?

We now generally accept the importance of mental deficiency and mental abnormalities as related to criminality, prostitution, alcoholism and pauperism. However, further studies must be made if conclusions of any value are to be reached. The infrequency of clear-cut psychoses due to the use of any single drug is surprising. Statistics of nearly forty thousand committed cases of insanity show that psychoses, due to cocaine alone, for instance, are exceedingly unusual, morphine or some other factor almost always complicating the situation.

Again, if we turn to the epileptic psychoses, we are astonished at our ignorance of them. Nervous and mental diseases, feeblemindedness and alcoholism are prominent in the family history of epileptics. L. Pierce Clark and others have called attention recently to the so-called "epileptic constitution." Is there such a thing? If there is, we must know definitely what percentage of cases show the characteristics of that mental make-up in order to show its relation to the disease itself. There is, unfortunately, no satisfactory classification of epileptic psychoses. The large majority of epileptics ultimately reach an advanced state of mental deterioration, but we do not know exactly what that percentage is. Many epileptics show preparoxysmal states; others are subject to post paroxysmal conditions, while some exhibit only interparoxysmal episodes. There are others in whom are ascociated psychoses, such as manic depressive insanity, which, however, have no definite relation to epilepsy. All these matters require considerable discussion, careful analysis, and much further consideration, which should be based upon truthworthy statistical information.

The Federal Government has recently recognized that the condition called "constitutional psychopathic inferiority" is an adequate reason for rejecting immigrants. What is the relation of this condition to the various psychoses?

At the present moment, with new ideas on mental hygiene and new legislation, especially in the western provinces, the cost of the care and maintenance of the insane is of vital importance. Unfortunately we are unable, in Canada, to get at the real facts. There is no uniformity regarding the cost of the care and maintenance of the insane in our asylums. All these conditions require reliable statistics if we are to arrive at a definite basis for treatment.

In the United States repeated efforts have been made to remedy this unfortunate conditions of affairs, but to-day, through the efforts of the American Medico-Psychological Association and the National Committee for Mental Hygiene, a plan for the compila-

tion of statistical data on the insane has been definitely decided upon. At the annual meeting of the American Medico-Psychological Association held in New York in 1917, a committe which had been appointed in 1913 submitted a report recommending the adoption of a classification of mental diseases to be used by all institutions.

The following classification of mental diseases was recommended and adopted by the Association:

1. Traumatic psychoses:
   - (a) Traumatic delirium.
   - (b) Traumatic constitution.
   - (c) Post-traumatic mental enfeeblement (dementia).
2. Senile psychoses:
   - (a) Simple deterioration.
   - (b) Presbyopnrenic type.
   - (c) Delirious and confused types.
   - (d) Depressed and agitated states in addition to deterioration.
   - (e) Paranoid types.
   - (f) Pre-senile types.
3. Psychoses with cerebral arteriosclerosis.
4. General paralysis.
5. Psychoses with cerebral syphilis.
6. Psychoses with Huntington's chorea.
7. Psychoses with brain tumor.
8. Psychoses with other brain or nervous diseases. The following are the more frequent affections and should be specified in the diagnosis:
   - Cerebral embolism.
   - Paralysis agitans.
   - Meningitis, tuberculous or other forms (to be specified).
   - Multiple sclerosis.
   - Tabes.
   - Acute chorea.
   - Other conditions (to be specified).
9. Alcoholic psychoses:
   - (a) Pathological intoxication.
   - (b) Delirium tremens.
   - (c) Korsakow's psychosis.
   - (d) Acute hallucinations.
   - (e) Chronic hallucinations.
   - (f) Acute paranoid type.

(g) Chronic paranoid type.
(h) Alcoholic deterioration.
(i) Other types, acute or chronic.

10. Psychoses due to drugs and other exogenous toxins:
    (a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified).
    (b) Metals, as lead, arsenic, etc. (to be specified).
    (c) Gases (to be specified).
    (d) Other exogenous toxins (to be specified).
11. Psychoses with pellagra:
12. Psychoses with other somatic diseases:
    (a) Delirium with infectious diseases.
    (b) Post-infectious psychosis.
    (c) Exhaustion-delirium.
    (d) Delirium of unknown origin.
    (e) Cardio-renal diseases.
    (f) Diseases of the ductless glands.
    (g) Other diseases or conditions (to be specified).
13. Manic-depressive psychoses:
    (a) Manic type.
    (b) Depressive types.
    (c) Stupor.
    (d) Mixed type.
    (e) Circular type.
14. Involution melancholia.
15. Dementia praecox.
    (a) Paranoid type.
    (b) Catatonic type.
    (c) Hebephrenic type.
    (d) Simple type.
16. Paranoia or paranoic conditions.
17. Epileptic psychoses:
    (a) Deterioration.
    (b) Clouded states.
    (c) Other conditions (to be specified).
18. Psychoneuroses and neuroses:
    (a) Hysterical type.
    (b) Psychasthenic type.
    (c) Neurasthenic type.
    (d) Anxiety neuroses.
19. Psychoses with constitutional psychopathic inferiority.
20. Psychoses with mental deficiency.

21. Undiagnosed psychoses.
22. Not insane:
    (a) Epilepsy without psychosis.
    (b) Alcoholism without psychosis.
    (c) Drug addiction without psychosis.
    (d) Constitutional psychopathic inferiority without psychosis.
    (e) Mental deficiency without psychosis.
    (f) Others (to be specified).

The following statistical tables were adopted by the Association on the recommendation of the committee:

1. General information.
2. Financial statement for the year.
3. Movement of population.
4. Nativity of first admissions and of parents of first admissions.
5. Citizenship of first admissions.
6. Psychoses of first admissions.
7. Races of first admissions classified by psychoses.
8. Age of first admissions classified by psychoses.
9. Education of first admissions classified by psychoses.
10. Environment of first admissions classified by phychoses.
11. Economic condition of first admissions classified by psychoses.
12. Use of alcohol by first admissions classified by psychoses.
13. Martial condition of first admissions classified by psychoses.
14. Psychoses of readmissions.
15. Discharges classified by psychoses.
16. Cause of death classified by psychoses.
17. Age at death classified by psychoses.
18. Duration of hospital life classified by psychoses.

At a meeting of the medical superintendents of the insane asylums in the Province of Quebec, held in October, 1919 (see report in this issue of the JOURNAL) a committee, composed of Drs. Devlin, Burgess and Porteous, was appointed to study the question of a general classification, and to draft a uniform blank or card for all hospitals. This was an important step in the history of psychiatry in Canada, and it is right that the honor of taking this step should fall to the oldest province in the Dominion. What we need, however, is a committee appointed from the superintendents of all insane asylums in Canada who would, like the committee in the United States, go carefully into this whole matter and recom-

mend a classification of mental diseases as well as a set of statistical tables. In this way the standard of hospital care of our insane in this country will be greatly improved.

MENTAL HYGIENE CONVENTION.

THE third convention of societies for mental hygiene under the auspices of the National Committee for Mental Hygiene in co-operation with the Mental Hygiene Committee of the State Charities Aid Association, was held in New York City February 4th and 5th, 1920.

The Canadian National Committee for Mental Hygiene was represented at this convention by its president, Dr. Charles F. Martin, Dr. A. H. Desloges, Medical Superintendent of the Insane Asylums in the Province of Quebec, Dr. G. S. Mundie, of Montreal, and Dr. C. M. Hincks, of Toronto, Secretary of the Committee.

The annual meeting of the National Committee for Mental Hygiene was held in the Russell Sage Foundation Building on the afternoon of February 4th. At this meeting the reports of the Medical Director, Dr. Thomas W. Salmon, of the Associate Medical Directors, Dr. Frankwood E. Williams and Dr. V. V. Anderson, and of the other different officers were read. Dr. Charles F. Martin, President of the Canadian National Committee for Mental Hygiene, addressed the meeting and spoke of the need of more mental hygiene instruction in our medical schools, and also of the importance of neuro-psychiatry in the training of our medical students. He said that although he was an internist primarily, he had come to appreciate the importance of these subjects in the education of the physician. Dr. A. H. Desloges gave a short account of what was being done along the lines of mental hygiene in the Province of Quebec, and expressed the hope that the idea of having International Mental Hygiene would soon be accomplished. Dr. Hincks spoke briefly on what the Canadian National Committee for Mental Hygiene had accomplished since it was founded in 1918. He mentioned that the Provinces of Manitoba and British Columbia, after having a survey made by the Committee, had formulated plans which eventually would place these provinces in the front rank regarding the treatment and care of the mentally abnormal.

Wednesday evening, February 4th, at the New York Academy of Medicine, an excellent paper on "Trade Unionism and Temperament, Notes on the Psychiatric Point of View in Industry," was

given by the late Dr. E. E. Southard, Director, Massachusetts Psychiatric Institute, Boston. Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, gave a paper entitled "Psychiatry in Medical Schools." In this paper he emphasized the importance of the teaching of psychiatry to medical students, and he spoke of how very few medical schools to-day gave but slight attention to this important branch of medicine. He also spoke of the fact that New York Cilty had hospitals for the treatment of every disease except mental disease.

Thursday afternoon, February 5th, was devoted to papers by Dr. John B. Watson, Johns Hopkins University, Baltimore, who spoke of "The Psychology of Infancy" with cinematographic demonstration; Doctors C. Macfie Campbell, of the Henry Phipps Psychiatric Clinic, Baltimore, spoke on "The Experiences of the Child, How They Effect Character and Behavior"; Dr. E. Stanley Abbott, Medical Director, Mental Hygiene Committee, Public Charities Association of Pennsylvania, on "Programme of Mental Hygiene in the Public Schools; and, lastly, an excellent paper by Dr. William A. White, Superintendent, St. Elizabeth's Hospital, Washington, D.C., on "Childhood, the Golden Period for Mental Hygiene."

On Thursday evening papers were read by Dr. Pearce Bailey, Chairman, New York State Commission on Mental Defectives on "Applicability of Neuro-Psychiatric Examinations in the Army and Civil Problems," and by Dr. Thomas W. Salmon, on "Some Mental Hygiene Lessons of the War."

All the meetings were well attended by the leading psychiatrists and social workers of the United States, and full discussions took place on all the papers. Besides these meetings, round table discussions took place every morning at which the various phases and activities of the mental hygiene movement were discussed by the leading men and women of the country. These discussions included "Financing Societies for Mental Hygiene"; "Problems in Connection with the Establishment of Community Clinics"; "Relative Values and Methods of Publicity"; "Problems of Legislation"; "State Society Problems Relative to Discharged Soldiers"; "Planning and Organizing Conferences."

The delegates from the Canadian National Committee for Mental Hygiene were enthusiastic over the reception given them at the convention, and returned to Canada impressed with the many mental hygiene problems which had to be faced in their country, but hopeful of a ready response as soon as the problems were placed before the medical profession and general public.

DR. ELMER E. SOUTHARD.

DR. ELMER ERNEST SOUTHARD, of Boston, Massachusetts, died in New York City, February 8th, after a two days' illness from pneumonia. Dr. Southard was forty-three years old. He was born in Boston. He graduated from the Harvard University Medical School in 1901, having previously received a degree in Arts from Harvard University. During his work in the University he specialized in philosophy under Professors William James and Josiah Royce, and for a period conducted Professor Royce's seminar. He always maintained his interest in philosophy, and his later writings on mental hygiene are replete with references to the work of James and Royce. The week previous to his death he had been invited by the University to collate and edit the works and manuscripts of the late Charles Peirce, an early associate of James and Royce, a piece of work to which he looked forward with great interest.

On the completion of his work in the medical school, Dr. Southard went to Europe, where he studied at Senckenberg Institute, Frankfort-on-the-Main, and in the University of Heidelberg. On his return to the United States he became instructor in neuropathology at Harvard; later, assistant professor, and since 1909 Bullard professor of neuropathology. He was assistant visiting pathologist to the Boston City Hospital in 1904 and 1905; assistant physician and pathologist of the Danvers (Massachusetts) State Hospital from 1906 to 1909; pathologist of the Massachusetts Department of Mental Diseases in 1909, and Director of the Boston Psychopathic Hospital from its opening in 1912 to 1919. At the time of his death he was the Director of the Massachuetts Psychiatric Institute of the Massachusetts Department of Mental Diseases. He was chairman of the Section of Neurology and Psychiatry of the American Medical Association; president of the Boston Society of Neurology and Psychiatry; president (1918-1919) of the American Medico-Psychological Association; a director of the Eugenics Record Office, Cold Spring Harbor, New York; a member of the board of scientific directors of the Bedford Hills Laboratory, Bureau of Social Hygiene, New York; a member of the Committee on Psychiatry of the National Research Council; a director of the Massachusetts Society for Mental Hygiene; a member of the National Committee for Mental Hygiene, with membership on its sub-committees on War Work, the Smith College training Course for Psy-

chiatric Social Workers, and Education; and a member of the editorial board of the *Archives of Neurology and Psychiatry*. During the war, Dr. Southard was director of one of the United States Army Neuro-psychiatric Training Schools, and later a Major in the Chemical Warfare Service. The request of the chief of the Chemical Warfare Service, that he accept a commission in that branch of the Army, came as a surprise to Dr. Southard, but was a compliment that he appreciated. His services were desired not in his capacity as a physician or neuro-psychiatrist or pathologist, but as a philosopher and thinker. The problems to be put to him concerned broad policies of strategy. Dr. Southard was under overseas orders at the time the armistice was signed.

In his pathological work Dr. Southard had devoted particular attention to the study of dementia praecox and feeblemindedness. He published a number of monographs on the subject of dementia praecox and, in collaboration with Dr. Walter E. Fernald, Superintendent of the Massachusetts School for the Feebleminded, a large volume was published in 1918 containing an elaborate and careful study of ten feebleminded patients. This volume was the first in a study planned of one hundred cases. The second volume was in the course of preparation at the time of his death. With Dr. Harry C. Solomon, he published in 1917, "Neurosyphilis," a case book on neurosyphilis. His latest book, "Shell Shock and Other Psychiatric Problems," a case book dealing with neuro-psychiatric problems of the war, was issued in 1919. The manuscript for a third book on psychiatric social service, written in collaboration with Miss Mary C. Jarrett, was about ready for the publisher at the time of his death. In June, 1919, Dr. Sutherland was given a commission by the Engineering Foundation, New York City, to study the mental hygiene problems of industry. His preliminary report on his work was made to the Foundation in December, and is published in the January (1920) number of *Mental Hygiene*.

Dr. Southard was taken ill while attending the Third Convention of Societies for Mental Hygiene, held in New York City, under the auspices of the National Committee for Mental Hygiene. His paper, Trade-Unionism and Temperament: Notes on the Psychiatric Point of View in Industry, read at the opening session, was one of the features of the convention. This paper will be published in the April number of *Mental Hygiene* and in THE JOURNAL OF MENTAL HYGIENE of the Canadian National Committee for Mental Hygiene.

Dr. Southard was a man of broad interests, and although in medicine engaged first as a pathologist, it was probably the general philosophical and social aspects of his profession and specialty that interested him most. He contributed much as a pathologist and as a leader in the development of the psychopathic hospital field and the field of mental hygiene, but one of his greatest contributions was his training and stimulation of younger men and women.

THE VALUE OF PSYCHOPATHIC HOSPITALS.

IT has been stated that the two departments of medical science which received the greatest impetus and stimulation during and as a result of the Great War were orthopædic surgery and neuro-psychiatry.

Canada, for many years, has been confronted with the problem of what to do with the criminal, the juvenile delinquent, the prostitute and the moral degenerate. To-day it is becoming generally recognized that mental factors play a great part in this problem and that human behavior can be neither successfully studied nor effectively directed without taking into account the facts of mental life.

Since April, 1918, when the Canadian National Committee for Mental Hygiene was organized, many facts in connection with these problems have been discovered. A survey of the province of Manitoba showed that the care and treatment of the mentally abnormal and mentally defective were very mediæval. The asylums were mere custodial institutions where the treatment was practically nil. There was no attempt at classification of patients, no laboratories were provided to aid in scientific diagnosis and every institution was greatly understaffed. The mentally defective were herded together with practically no attempt to improve their condition or to make them happy. It was shown that a large proportion of the criminals, juvenile delinquents, prostitutes and unmarried mothers were mentally defective. The recommendations for improving these conditions were drastic, but the government realized the situation, and to-day, Manitoba is in the process of having the most up-to-date system on this continent for caring for their insane and mentally defective. A psychopathic department in connection with the Winnipeg General Hospital has been established under the directorship of a thoroughly trained physician and now no case of mental abnormality can be admitted to or discharged from any institution without first being observed in the psychopathic hospital.

The province of British Columbia has also been investigated by the same committee and here practically the same conditions were found as in Manitoba. Its government, however, has also realized the position and plans are being made for up-to-date institutions to care for all individuals suffering from any mental abnormality or deficiency.

In the province of Ontario the mental hygiene movement has also made a great advance, although perhaps not in such a spectacular manner as in the western provinces. A reception hospital is being built in the city of Toronto for the admission of all patients suspected of suffering from any mental abnormality or deficiency. A report by the Hon. Justice Hodgins, chairman of the commission to report on the care and control of the mentally defective, is very conclusive. Mr. Hodgins in part says: "That if the cardinal fact could be assimilated, that the elimination of the mentally defective from the school and from the street, and from the agencies engaged in reforming character, would render the effort of teachers and social workers comparatively easy, and empty the jails of over half their inmates, and that if it were generally realized that these unfortunates can, if taken in time, be made comparatively happy and useful, there would be little time lost in bringing about the desired result. A survey of the jails, reformatories and other institutions is urgently needed in order to relieve them of all mentally defective. Feebleminded females of child-bearing age, and feebleminded delinquents who are 'repeaters' or show marked criminal instincts should be detained indefinitely." A survey of the public schools in Toronto and Guelph shows that there are a large number of mental defectives who are not only not able to advance themselves, but are retarding the normal children.

In the province of Quebec, progress is being made along the lines of improved mental hygiene. It is well known that the asylums in this province are largely custodial institutions privately owned. While this is the case we cannot hope for the proper care and treatment of the mentally insane. Every institution is understaffed, the physicians are poorly paid, there is not a sufficient number of attendants or nurses and laboratories are non-existent.

Practically no attempt has been made in the province of Quebec to care for the feebleminded or the epileptic. What is needed is a state institution on the colony plan, with one department for the feebleminded and one for the epileptic. As soon as possible also the present institutions for the care of the insane should be taken over by the government as has been done in all the other provinces of Canada.

The provinces of Nova Scotia, New Brunswick, and Prince Edward Island are very much behind the times in caring for their mental patients. However, New Brunswick has asked for a survey to be made by the National Committee for Mental Hygiene and it is hoped that when this is completed, the province will assume the proper care of the mentally abnormal. Nova Scotia also has shown a desire to grapple with this problem and find some solution for it.

What we need in Canada is an up-to-date psychopathic hospital in every large city. Such a hospital, where possible, should be an entirely separate institution and not attached to a general hospital, but in many cases this may not be practicable on account of the difficulty of obtaining a sufficient number of nurses and attendants. The duty of this hospital would be to diagnose every case of mental abnormality and to decide on treatment. Many patients who become insane and have to be sent to the provincial asylums and there become chronic cases, could be cured in a psychopathic hospital and returned to private life. One has only to inspect the hospital at Cobourg for military insane patients and observe their results to be convinced that many cases of insanity are curable.—Editoral, *Canadian Medical Association Journal*, Jan., 1920.

Red Cross Aids in Treatment of Mental Patients.—For a long time it has been recognized that a knowledge of a patient's home life and family relations, as well as his family history, is necessary for the most effective treatment of a mental case. The American Red Cross, as a part of its activities in behalf of patients in the United States Public Health Service hospitals, is co-operating with the government in a special service for mental patients, by supplying this information to the hospital authorities.

Weekly lists of all cases of mental disease occurring among former army men under treatment in the Public Health hospitals, are sent to all divisions of the Red Cross. The division office in turn submits the names to the Red Cross Home Service secretaries in the soldiers' home towns. Information is gathered concerning each man's family connections, his surroundings before he joined the army, and the influence to which he was subjected.

This information is forwarded to division headquarters where the Bureau of After-care sends it to National Headquarters, and thence to the hospital, whose medical officers are thus enabled to obtain an insight into the man's previous life, and possibly his family history, and an understanding of the subjects most likely to

strike a responsive chord in his mind. The United States Public Health hospitals receive former service men who have been discharged from the army hospital apparently in good health, but who suffer a relapse or reversion after they have doffed the uniform but are no longer entitled to care in a military hospital.

In regard to the plan which has apparently been adopted to turn over to the U. S. Public Health hospitals all mental and nervous cases under the charge of the War Risk Insurance Bureau, we shall probably have some comments in a future issue.—*The American Journal of Insanity*, January, 1920.

A nation wide campaign is being launched as one of the first activities of the newly-created Federal Department of Health. The Dominion authorities, in granting $200,000 to assist in combating venereal diseases, make the condition that the same amount be raised by the provinces. Each province will frame its own statute and evolve its own plans, but unity from coast to coast will, in educational matters, be given by a voluntary agency, the Canadian National Council for Combating Venereal Diseases, representing all the provinces. This organization will endeavor to enroll members in every community in Canada and impress on the public mind the gravity of the problem. It is probable that definite surveys will be made by trained investigators in police courts, reformatories and jails, to ascertain what can be done in a preventive way. Conferences have been called by the chairman of the Provincial Board of Health of Ontario, to consider means of strengthening the Act. Greater clinical facilities are required, and it should be less easy for victims of the disease to evade the compulsory provisions of the law, and become a public menace.—*Canadian Medical Association Journal*, March, 1920.

NEW YORK STATE.

More Accommodation for Insane and Defectives.

New York State is embarking upon a large programme for the care of the insane and mental defectives. Building projects involving expenditure of over $10,000,000, have been entered upon, and of this amount over $4,000,000 has already been appropriated.

In view of the difficulties in the way of extensive building at this time, the extension of the preventive and parole activities of

the institutions is being carried out. At the present time there are about 2,100 patients out on parole from the State hospitals, still under medical and social supervision, but living and being supported in their own homes.—*S. C. A. A. Bulletin.*

To Name Director of Prevention and After-Care.

At a meeting of the Hospital Development Commission it was recommended to the Legislature that there be created the position of Director of Prevention and After-care to be filled by a physician at a salary of $4,500 per annum, whose duties shall be to direct, supervise and stimulate the out-patient activities of the State hospitals and the State institutions for mental defectives. Also, that the number of field agents, or after-care agents in the State hospitals be increased to the ratio of one agent for each 100 patients on parole, and the number of field agents in the institutions for mental defectives to be fixed for the present at the ratio of one to each institution.—*S. C. A. A. Bulletin.*

CARE FOR MENTAL CASES URGED IN MISSISSIPPI.—The Mississippi Society for Mental Hygiene in a recent bulletin urges the need of an institution for the feebleminded, as an economic proposition to save lives and property destroyed by feebleminded persons when allowed to be at large. The hospital mental deficiency bill to be considered by the next legislature establishes a Mississippi school and colony for feebleminded individuals. The bill carries an appropriation of $2,000,000.—*Social Hygiene Bulletin*, Jan., 1920.

WASTE—MENTAL AND FINANCIAL.

"With all our vaunted support of higher educational institutions, it is interesting, perhaps surprising, to find that there are more persons in the insane asylums in this country than in all the colleges and universities. It is also estimated that the former cost more to maintain than do the latter."

A recent issue of the New York *Times* quotes Dr. W. S. Rankin, president of the American Public Health Association, to the above effect.

Statistics of the National Commission for Mental Hygiene show that 15% of all first admissions to the New York State Hospitals

for the Insane are traceable to syphilis. In Michigan a commission to investigate the extent of feeblemindedness, epilepsy, and insanity reported (1915) "more than one-eighth of the cases of insanity admitted for treatment to the Michigan State Hospitals for the Insane are *directly* caused by by syphilis." The figures given by other authorities range from 10% to 18%.

Adequate preventive measures would eliminate, to a great extent, this loss to the nation's mental and financial resources.—*Social Hygiene Bulletin*, Feb., 1920.

"The work of the Canadian National Committee for Mental Hygiene grows apace, and before long practically every province in Canada will avail itself of the services of their experts. Alberta, New Brunswick and Nova Scotia have all asked for surveys of their provinces with the idea of bettering conditions in connection with the insane and mental defectives. Quebec and Ontario should fall in line in due course, as recent developments have shown that a great deal of constructive work should be done in these provinces. British Columbia and Manitoba have not only had surveys made, but have adopted the suggestions of the committee very extensively."—*Extract from The Globe, Toronto, March* 15, 1920.

ABSTRACTS.

When is a Moron Not a Moron? C. T. Jones, *The Journal of Delinquency*, January, 1920. From analysis of the results of the tests applied to the men in the United States Army, Jones takes up the question of how to decide whether a person belongs to the feebleminded group designated as a moron. As a result of this analysis he concludes that mental age rating taken alone is not sufficient for making a diagnosis of feeblemindedness or normality in persons who test between 8 and 11 years mentally. There must be something which is the determiner for normality or feeblemindedness which cannot be expressed in terms of intelligence level. The fact that the diagnosis of mental defect depends upon factors other than those of mental age, forces us to emphasize very much more strongly the social criterion as a part of our definition of feeblemindedness. The Bureau of Juvenile Research, of which Dr. Jones is a member, has worked out a plan of differential diagnosis for the cases who have a mental age rating on the Binet scale of be-

tween eight and fourteen or fifteen years with appropriate recommendations for training for each form of diagnosis that is made. There are five groups, Deferred, Feebleminded, Potential Feebleminded, Insane and Psychopathic. Any one of the conditions described may be combined with any other so that the diagnosis in such cases is not easily made. The Bureau of Juvenile Research diagnoses as feebleminded only those persons who have, after several trials, shown that they cannot earn their living, and that for their own protection and for the protection of society they must have institutional care.

A Statistical Study of Intelligence as a Factor in Vocational Progress. K. M. Cowdery. *The Journal of Delinquency,* Nov., 1919, 4, No. 6, 221-240. This paper presents a study of the relations of measurable general intelligence to the ability to make progress under vocational instruction in various occupations. The subjects are delinquent boys, most of them from 14 to 18 years of age. The intelligence ratings are made by the Stanford tests. The vocational-progress ratings are based upon monthly reports made by the trade instructors and recorded, after being analyzed, upon a five-point scale. So far as possible, increased proficiency and skill rather than attitude, spirit, or the like, are used as the measurable quality.

The result is that little definite correlation is shown in the totals. For 516 ratings (twenty-four occupations grouped together) there is a positive correlation of 0.113 between intelligence quotient and vocational progress. But when the correlations are computed for different trade groups, different results are obtained. Taking the expert trades—the mechanical and the garment trades—the co-efficient of correlation becomes 0.304. A co-efficient of 0.705, found in the ratings for bindery work, appears to be the highest correlation found. In the culinary trades the correlation is —0.022, and for the agricultural details —0.42, which appears to be the lowest point reached. Although part of the results are based upon comparatively small numbers of cases, the author thinks that some general conclusions are allowable. Distinct correlations must be admitted and in some cases *critical levels* are clearly defined, but it cannot be said that intelligence level is anywhere a trade test, in the sense of indicating those who will succeed to the exclusion of all others. The conclusion is offered that degree of mental ability can be a definite, measurable, negative guide in vocation, and that boys of certain levels of intelligence can

properly be directed away from certain trades. The main need, finally, is for trade test which will mark out the positive factors that assure success in specific directions.

The Mental Status of Truants. Scientific investigations of truancy are of a comparatively recent date. In the study of 608 unsettled truants, 265 were over 14 years old. A valuable contribution on non-attendance was made in 1917 by Edith Abott and Sophonisba Breckinridge. The historical, legal and social aspects of the problem are worked out in compendious form. One short chapter is devoted to the relation of truancy and non-attendance to mental and physical defects. The relation between truancy and school retardation is worked out in the case of 1,092 boys. A comprehensive study of the mental, physical, and social facts of truancy in New York was made in 1915. There were 150 children tested, of which 67 per cent. were found normal, 8 per cent. borderline and 33 per cent. defective. A statistical study was made of 102 truants at the Whittier State School. Two were of superior intelligence, 16 were average-normal, 22 dull-normal, 25 borderline and 37 feebleminded. In comparing these boys with a group of unselected delinquents, it was found that the truant group had a higher percentage of mentally defective boys. It still remains an important matter to know whether the truants form a selected group. The present study included 608 unselected cases. The percentage of truants whose intelligence is above the normal median is about 15 per cent. In the graph it plainly shows that the truants form a subnormal group. The largest percentage of truants does not fall to the definitely defective nor to the normal, but in the questionable group. Placing the truants in an ungraded class can only remedy when an industrial training is included which will meet the individual need.

Louise E. Poull. Ungraded, V-1, Oct., 1919, pp. 1-8. (M. S. C.)

The Power to Exclude Defective Children from Schools. This article deals with the recent decision of the State Supreme Court of Wisconsin in regard to the action of a city board of education in excluding an objectionable child from School. The child, while normal mentally and able to keep up to grade, was severely hampered by a nervous and paralytic affliction which rendered him unsightly, required extra attention and caused him to speak in an extremely unpleasant voice. On the basis of these conditions, the child was excluded from the public schools. The Supreme Court,

in ruling against the boy's demand to be educated in the public schools, maintained that general welfare must take precedence over individual rights; and since his exclusion was essential to the best interests of the school, the School Board was acting within their legal rights in excluding him.

From the Journal of American Medical Association. Reprinted in School and Society. X-256, p. 613. (E. K. B.)

Vocational Education as a Preventive of Juvenile Delinquency. The lack of necessary equipment with which to earn an adequate living is apparently related to the production of juvenile delinquency. In a study of the school children of the United States, it was found that 90 per cent. of the school children between the ages of 14 and 16 were out of school, and that 50 per cent. of those have only a fifth grade education or less. The school work is abandoned for an industrial life, for which they are unfitted, and they drift from job to job or loaf and get their start for the juvenile court. Many school courses are made so uninteresting that they create a distaste for school work, and for this reason many children go to work. The need for vocational training for our young people is shown by the number of enrollments in private commercialized colleges, trade and correspondence schools. In Chicago alone, the money spent for instruction of this sort more than equals the amount spent on all the high schools. In two reform schools, it is shown that the average age of the boy is 14 years. These boys are given half time in vocational training and half time in elementary school training. About 77 per cent. of these boys make good. The question presents itself, would these boys have become delinquent if the public schools could have given them the same kind of training? This need for vocational training has been felt by social workers and criminologists for some time and the thing that its advocates need to do is to survey the whole field; psychology, pedagogy, sociology, economics, the histories of industries and labor movements and thus establish points of contact in all these branches. Hence we believe that the greatest results from a scientific standpoint is the reformation of the delinquent and the greatest good will come by establishing more practical institutions of learning known as manual and vocational training schools, where practical instruction of every day life can be had.

Arthur Frank Payne. School and Society, X-253, Nov. 1, 1919. pp. 509-513. (M. S. C.)

BOOK REVIEWS.

MILITARY PSYCHIATRY IN PEACE AND WAR. By S. Stanford Read, M.D., Physician Fisherton House Hospital, Salisbury, 168 pages; two charts. Price 10/6 net. Publishers: H. K. Lewis & Co., Ltd., 136 Gower St., London, W.C. 1.

Dr. Read, who had an opportunity to observe most of the mental cases which occurred in the British Army, discusses in an excellent manner the different aspects of psychiatry in peace and war. Dr. Read was in charge of "D" Block, Royal Victoria Hospital, Netley, through which all the mental cases from France and England were sent before being definitely placed in the various mental hospitals in England. He discusses the psychology of the soldier before and after enlistment, and shows how the cause of practically all cases of psychosis are due to a psychopathic make-up with contributing causes, such as alcohol, fatigue, worry and anxiety. His belief is that the main bulk of the psychoses are psychogenic in origin. Apart from the acute intoxications and those chronic states induced by many years of excessive imbibing, thereby producing a demential condition, he regards alcohol as only a contributory factor, working with and aiding mental conflict. He considers that mental conflict is the most important etiological factor in the production of the war psychoses. He divides the different psychoses into ten classes—dementia praecox, paranoid states, confusional states, manic depressive insanity and simple depressed states, mental deficiency, general paresis, alcoholic psychoses, epilepsy and epileptic psychoses, psychoses with organic brain disease and acute infective disease, psychoneurotic disorders. He discusses all the conditions from the etiological standpoint, course of the disease and treatment, quoting many German, French, American and Canadian authors. He concludes with a discussion of how the recruiting of the civilian population for the army might have been improved with the present day position of British psychiatry. He lays emphasis upon the fact that our medical students must be more thoroughly trained along the lines of neurology and psychiatry in the future, and that there must be more out-patient and in-patient institutions for the advice and treatment of psychopathic disorders which are not psychotic or certifiable. He points out the importance which social service must take in the treatment of all forms of mental abnormality.

The book is well written, in good English, and the author, as he says, takes no dogmatic stand, but freely discusses the different psychoses from all view points. The book should be read by every physician who is interested in the mental welfare of his patients and the community.

MIND AND ITS DISORDERS. A Text-Book for Students and Practitioners. By W. H. B. Stoddart, M.D., Lond., F.R.C.P., Lecturer on Mental Diseases to St. Thomas's Hospital, etc. Third Edition. Illustrated. Demy. 8vo. Publishers: H. K. Lewis & Co., Limited, 136 Gower Street, London, W. C. 1.

Dr. Stoddart's well-known book, "Mind and Its Disorders," of which the third edition is now issued, needs no introduction to the medical profession. It has always been considered one of the best text-books for students and practitioners of medicine printed in the English language.

In the preface to the third edition, Dr. Stoddart says: "Since the last edition I have fundamentally changed my attitude towards mental disease, having personally investigated very many patients by the psycho-analytic method, and thus being convinced of the truth of Freud's doctrines. Mental disease can only be understood by studing the psychology of the unconscious mind of the patient, and the physical manifestations of a functional nervous disorder must be regarded as secondary, not primary, as I taught in the first edition." Dr. Stoddart, like so many psychiatrists, has swung over to Freud's theories, and this is unfortunate. It is well recognized by every psychiatrist that the best way of looking at mental diseases to-day is from the individual psychological viewpoint, and in teaching us to take this viewpoint, Professor Freud has helped a great deal. There has, however, been too much of a tendency to think of and treat a patient from a purely Freudian viewpoint, with considerations of sex always in the foreground.

The anatomical, physiological and psychological divisions of psychiatry are well placed before the reader in this volume. The author discusses the different classifications of normal and abnormal psychology, giving the ideas of different psychiatrists. The third part of the book on mental diseases is well written, and covers the whole field of psychiatry in a modern and up-to-date manner.

SOCIAL WORK—Essays on the Meeting-ground of Doctor and Social Worker. By Richard C. Cabot, M.D. Boston: Houghton, Mifflin Co., 1919. Pp. xxvii. plus 188. $1.50 net.

Diagnosis and treatment are the two essential complementary phases of all effective social work just as they are of all worthwhile medical work. Diagnosis is of little value, especially to the patient, unless it is followed by treatment. Treatment is only accidentally successful unless it is based upon correct diagnosis. Medical and social ills are frequently so closely knit together that both medical and social treatment are essential to the cure of those ills. Back of such treatment there must be correct social as well as correct medical diagnosis.

This is the platform on which Dr. Cabot bases his analysis of the social worker's task as a social diagnostician or a social therapist. Her role is that of an assistant to the physician. Through her he extends the range of his observations into the environment of his patient; likewise through her his treatment reaches more of the causes of the patient's malady.

Dr. Cabot's discussion of the equipment of the medical social worker is a timely contribution to a better understanding of a vexed question. Medical social service has reached that stage in its development at which it needs not only a clear formulation of its scope and function, but the realization as well that it is or must be a profession with a task distinct, calling for adequate and specialized professional training, and not an occupation open to any person possessed alone of normal intelligence and a desire to serve, valuable as those qualifications may be.

One point made by Dr. Cabot is his discussion of history-taking is so essential for successful social work, and is so frequently lost sight of by social workers that it seems worthy of special comment. He says that there are two ways of looking at the misfortunes of an individual. One is the right point of view, the "historic"; and the other is the wrong way, the "catastrophic" or accidental point of view. If the social worker is to make a correct social diagnosis she must view the maladjustments, she is studying, not as isolated conditions or events, but rather as having causes and consequences. In like manner, social treatment worth while must be curative and corrective rather than palliative. That this is almost always contrary to the beliefs and wishes of the patient makes the social worker's task that much the harder and her success that much the better earned.

THE ENGLISH CONVICT. A statistical study by the late Dr. Charles Goring. London: H. M. Stationery Office, 1919. Price 3s. net.

Some 3,000 criminals in Parkhurst prison were subjected to the most careful observation and anthropometrial tests, and the results subjected to scientific analysis. The conclusions arrived at would seem to be as authoritative as it is possible to attain to, and the report lately published furnishes a document of the greatest interest and importance. Stated broadly, the conclusions arrived at are that the criminal type, marked by physical and mental stigma as described by Lombroso, does not exist; that, as individuals, criminals possess no characteristics, physical and mental, which are not shared by all people. "Criminality is not a morbid state akin to physical disease which can be diagnosed and established by pure observation." On the other hand, the "criminal" man is to a large extent a "defective" man physically and mentally, and this "defectiveness," like many other human qualities, is determined more by nature than by nurture. The general result of the investigation points to the existence of what is termed a "criminal diathesis," that is to say, a composite of mental and physical defectiveness. This composite or "diathesis," like other constitutional characters, is subject to heredity. The tendency to be convicted and imprisoned for crime is inherited at much the same rate as are other physical and mental qualities and pathological conditions. The influence of parental contagion is on the whole inconsiderable in relation to the influence of heredity and of mental defectiveness, these two being the most important factors in the production of crime. All English criminals, except those technically convicted of fraud, are markedly below the general population in stature and bodily weight. Offenders convicted of violence to the person are characterized by an average degree of strength and of constitutional soundness above the average of other criminals and of the law-abiding class. Thieves, burglars and incendiaries, who constitute 90 per cent. of all criminals, are inferior in stature and weight, and are puny in their general bodily habit in comparison with other criminals, and with the law-abiding population. These are the sole facts on which the theories of criminal anthropologists rest.

First convictions show a predilection for the age period of 15 to 25, which Dr. Goring concludes to be significant. Comparing this fact with the age incidence of liability to various diseases, he is inclined to interpret the facts as evidence that a "mental constitutional proclivity is the primal source of the habitual criminal's

career." Alcoholism, epilepsy, sexual profilgacy, and insanity in their relation to crime are accidental associations depending on a high degree of relationship between defective intelligence and crime. It cannot be assumed from the evidence that defective intelligence is correlated with the defective physique. English criminals appear to be selected from the non-criminal population by two independent factors—a mental constitution and a physical constitution, each, however, differing from that of the general population in degree and not in kind. Moreover, elaborate examination of the data show that crime, at least in England, is due only in a trifling extent, if any, to social inequality, adverse environment, or other manifestations of what may be comprehensively termed the "forces of circumstance."

HANDBOOK OF MENTAL EXAMINATION METHODS. By Shepherd Ivory Franz, Ph.D., etc. C. V. Mosby Company. 1919.

This, the second edition of Prof. Franz's well-known handbook, has been revised and brought thoroughly up-to-date, one entirely new chapter on mental tests being added.

Making no pretension to be other than a reference handbook, it is practical and concise, yet covers the ground in an extremely satisfactory manner.

One advantage not always present in books of this type is a clear, pleasant and easily readable style which should enhance its value considerably to the reader.

Prof. Franz's book may be considered completely to fulfil its purpose, that of being a useful and practical handbook for mental workers.

PSYCHIARTRIC-NEUROLOGICAL EXAMINATION METHODS. By August Wimmer, M.D. Translated by Andrew W. Hoisholt, M.D., St. Louis. C. V. Mosby Company, 1919. 172 p.

In his psychiatric-neurologic examination methods, Dr. August Wimmer successfully attempts to offer the clinician a short and methodical guide to the examination of the nervous system, and to this end includes in his book both psychiatric and neurological examination methods.

The book is meant only to be a guide, and does not attempt more than a mention of the various signs and symptoms necessary to a diagnostic conclusion. These are numerically, fairly exhaustive and chronologically happily placed.

In the first chapter which deals with the "psychic state" examination, he has fittingly introduced some of the more appropriate mental tests, but not at such length as to detract from the original purpose of the book, namely, a compendium of the signs and symptoms of practical importance in a methodical examination of the nervous system as a whole.

Dr. Hoisholt has placed the book before the English-speaking profession, and his translation is at all times clear and complete.

CURRENT BIBLIOGRAPHY.

Bernstein, Chas., M.D. Colony and Extra-Institutional Care for the Feebleminded. *Mental Hygiene*, Jan., 1920.

Bish, L. E., M.D. Early Recognition of mental Disease. *Southern Medical Journal*, Sept., 1919.

Boring, Edwin G. The Logic of the Normal Law of Error in Mental Measurement. *American Journal of Phychology*. Jan., 1920.

Bott, E. A. The Mentality of Convalencence. CANADIAN JOURNAL MENTAL HYGENE, Jan., 1920

Briggs, L. Vernon. War Neuroses, Environment and Events as the causes. *American Journal Insanity*, Jan., 1920.

Clark, L. Pierce, M.D. Some Practical Remarks Upon the Use of Modified Psychonalysis in the Treatment of Borderline Neuroses and Psychoses. *Psychoanalysis Review*, July, 1919.

Clarke, C. K., M.D., and Farrar, C.B. One Thousand Psychiatric Cases from the Canadian Army. CANADIAN JOURNAL MENTAL HYGIENE, Jan., 1920.

Fauman, D. H., M.D. Problems of the Jewish Immigrant. CANADIAN JOURNAL MENTAL HYGIENE, Jan., 1920.

Fernald, Guy G., M.D. Current Misconceptions of Reformation. *Mental Hygiene*, Oct., 1919.

Goddard, H. H. Medicolegal Aspects of Mental Defectiveness. *Ohio State Medical Journal*, Sept., 1919.

Jones, Carroll T., Ph.D. Very Bright and Feebleminded Children. The Study of Qualitative Differences. *The Training School Bulletin*, Dec. and Jan., 1920.

Jones, Carroll T., Ph.D. When is a Moron not a Moron. *The Journal of Delinquency*, Jan., 1920.

Kline, George M., M.D. Proposed Reorganization and Consolidation of State Institutions in Massachusetts. *American Journal of Insanity*, Jan., 1920.

Kline, George M., M.D. The Function of the Social Worker in Relation to a State Programme. *Mental Hygiene*, Oct., 1919.

Long, Constance, M.D. An Analytic View of the Basis of Character. *The Psychoanalysis Review*, Jan., 1920.

MacDonald, Carlos F. Should the Plea of Insanity as a Defense to an Indictment for Crime be Abolished? *American Journal Insanity*, Jan., 1920.

Macdonald, V. May. The Function of the Social Worker in Relation to the Community. *Mental Hygiene*, Oct., 1919.

Macdowal, Margaret. Simple Beginnings in the Training of Mentally Defective Children. London: *Leach*, 1919.

Mathers, T. A., M.D. The Responsibility of the Medical Profession in the Programme of Mental Hygiene. CANADIAN JOURNAL MENTAL HYGIENE, Jan., 1920.

McCord, C. P., M.D. Physical and Mental Conditions of Delinquent Boys. *Journal of Delinquency*, Sept., 1919.

McCready, E. B., M.D. Backward, Nervous and Delicate Children, Their Treatment and Management. *Pennsylvania Medical Journal*, Sept., 1919.

McCready, E. B., M.D. The Nervous Child and His Management. *Journal Medical Association*, Oct, 11, 1919.

Meninger, K. A., M.D. General Psychiatry for the General Practitioner. *Kansas Medical Society Journal*, Sept., 1919.

Mills, Elizabeth. Mental Excitement in the Psychopathic Hospital. CANADIAN JOURNAL MENTAL HYGIENE, Jan., 1920.

Montague, Helen, M.D. Psychopathic Clinic of the Children's Court of the City of New York. *Mental Hygiene*, Oct., 1919.

Morphy, A. G., M.D. Mental Tests in Practice. CANADIAN JOURNAL MENTAL HYGIENE, Jan., 1920.

Myerson, A., M.D. The "Nervousness" of the Jew. *Mental Hygiene*, Jan., 1920.

Pollock, H. M., and Furbush, Edith M. Comparative Statistics of State Hospitals for Mental Diseases, 1918. *Mental Hygiene*, Jan., 1920.

Pollock, Horatio M., M.D. Dementia Praecox as a Social Problem. *Mental Hygiene*, Oct., 1919.

Ryther, Margherita. Place and Scope of Psychiatric Social Work in Mental Hygiene. *Mental Hygiene*, Oct., 1919.

Salmon, Thos. W., M.D. Some New Problems for Psychiatric Research in Delinquency. *Mental Hygiene*, Jan., 1920.

Singer, H. Douglas, M.D. The Function of the Social Worker in Relation to the State Hospital Physician. *Mental Hygiene*, Oct., 1919.

Southard, E. E., M.D. The Movement for a Mental Hygiene of Industry. *Mental Hygiene*, Jan., 1920.

Southard, E. E., M.D. Range of the General Practitioner in Psychiatric Diagnosis. *Journal American Medical Association*, Oct. 25, 1919.

Taft, Jessie. The New Impulse in Mental Hygiene. *Public Health Nurse*, Oct., 1919.

Treadway, W. L., M.D. Correctional Methods and Reformation of Juvenile Delinquents. *Washington Government Printing Office*, 1919. *Reprint 556 from U. S. Public Health Reports*, Sept., 1919.

Uyematsu, S., M.D. A Case of Myxedematous Psychosis Clinical and Pathological Report. *Arch. Neurology and Psychiatry*, March, 1920.

Tredgold, A. F., M.D. Moral Defectives. *Studies in Mental Efficiency*, Jan., 1920.

Wallin, J. E. Wallace, Ph.D. The Problems Confronting a Psycho-Educational Clinic in a Large Municipality. *Mental Hygiene*, Jan., 1920.

Wembridge, Harry. Investigation of Mental Delinquency Among the Juvenile Delinquents of New York City. *Journal Delinquency*, Sept., 1919.

Weston, Paul G., M.D. Analyses of Blood of Insane Patients. *Arch. Neurology and Psychiatry*, Feb., 1920.

Williams, Frankwood E., M.D. Anxiety and Fear. *Mental Hygiene*, Jan., 1920.

Williams, F. E., M.D. Nervous and Mental Disease as a Problem in Public Health. *Modern Medicine*, No., 1919.

Whitton, J. B. Juvenile Delinquency Laws in France. *The Journal of Delinquency*, Jan., 1920.

DISTRICT DUE DATE
Hillcrest
Moss Park
University 15-9-20
Woodbine
Runnymede
Yorkville
Parkdale
Office 13-10-20

CANADIAN J
OF
MENTAL H

VOL. 2 TORONTO, JU

PSYCHIATRY AND INTI

BY C. F. MARTIN
Professor of Medicine, M

AN invitation to discuss the subjec medical practice cannot but be accepted with diffidence, for strangely enough, the problems of mental disease are supposedly outside the pale of internal medicine, even though their proper understanding is of paramount importance to the success of every physician.

What the term psychiatry really means is by no means clear to the profession as a whole, for to not a few it applies only to the care of inmates of the "madhouse."

The nomenclature, in its appalling looseness of application has formed a bone of contention between various groups of nerve and mental specialists. How wide or how narrow is the range of psychiatry? How intimate shall be its association with the hysterias, the neurasthenias, and all the other mental and so-called nervous disturbances, on which the physician delights to confer the title "functional?"

If hysteria is regarded as an abnormal state which may be produced by, or cured by suggestion, one may well include many of its phases in the narrowest scope of psychiatry. But what of all the functional disabilities, the reflex paralysis, and the myriads of types we have seen during the past five years of world-conflict?

The experiences of the War, however much they have stimulated research in and understanding of neuroses, have failed to establish a nomenclature that is universally satisfying.

So difficult has been the problem of differentiating between cases that are neurological, and those that should come under the aegis of the psychiatrist, that the newer and more inclusive title "neuropsychiatry" now obtains in many clinics.

It is in this broader sense that I beg leave to consider the subject.

Perhaps nothing is more striking in the evolution of medical science than the persistence with which therapeutic traditions have lived on

*Read before the meeting of the Ontario Medical Association, Toronto, May, 1920.

through the centuries, traditions filled with superstitution, with occultism and mysticism.

The ancient Egyptians with little knowledge of scientific medicine may be forgiven for seeking a cure for disease at the Temple of Isis; the Orientals, with their atmosphere of mysticism, may be pardoned for their worship of the magic and occult; we may excuse the Latin and the Anglo-Saxon of mediaeval times for their credulous adherence to the alchemy of Paracelsus. Nor is it a matter of wonderment that Mesmer's house was thronged with seekers after health by means of magnetism and the "universal fluid" at a time when scientific medicine was advancing by leaps and bounds.

But what are we to say of the modern physician, the modern clinician and teacher, who look with equanimity upon the inroads of charlatanism upon scientific medicine, who fail to stem the tide of illegitimate practice, who watch with apathy the success of occult methods, and who see the failures of their consultants made conspicuous through the success of those engaged in the practice of mystic arts.

Nor can we, after all, deny that in the methods of modern occultism there lies a fundamental germ of truth, the understanding of human nature, the domination of personality over personality—the treatment of the individual rather than of the disease.

In general practice to-day far less time is devoted to the study of personality, temperament, character, or disposition, than to the detection of organic lesions and focal disease.

Etiology.—The etiology of psychopathic change presents many problems of intense interest. Is it physical in origin, or is the factor chiefly psychic? If physical, is it anatomical, bio-chemical, or molecular? To what extent is the Mierzejewski effect worthy of consideration, I mean the disharmonious development of gray and white matter (gray being in excess), by means of which the commissural system is thought to be deficient? And again, what about the so-called "normal-looking" brain of the feeble-minded? Is there such a thing as functional feeble-mindedness? Are the psycho-neuroses merely discords played upon good instruments? as Southard asks. Consider, with Fernald, all the problems that associate themselves with mental disease: developmental mechanics, glandular dysfunction, unequal development of organs, dislocation of cells, their premature pigmentation, the effects of alcohol, of syphilis, of heredity, and we see how far-reaching may be the effects of the physical on mental processes.

Most striking of all the newer research is that concerning the association of the glands of internal secretion with mental disturbance, and the effects of glandular therapy. The remarkable observations of

Fernald on the thymus gland, and on the relation of psychic changes to endocrine function are but other instances.

But perhaps the physical origin of psycho-neurosis has been somewhat *overdone* by the internist who has oft-times confused the effects of the knife and the drug with those of suggestion.

We have been apt in the past to ascribe to auto-intoxication, to low-grade sepsis, etc., the factor in obscure psychoneuroses, and more recently the extirpation of the colon has rivalled extraction of the teeth in curing all manner of functional disturbances. At times, it is true, results would seem to justify the performance of some of these radical measures, but sadly enough the psychiatrist vainly waits in oblivion, outside, for an invitation to counsel and help.

That even the moral character may be obviously changed and that various mental complexes may arise through direct physical agency is well exemplified in the case of one individual under my own observation, who, at the age of forty-five, became a moral degenerate without appreciable cause. It was the subject of criticism in the community, until the oculist discovered a choked disk, and the neurological surgeon removed a tumour from the brain.

Organic conditions, then, and physical defects are undoubtedly responsible for mental conflicts, conversions, complexes, etc., but I protest bitterly and earnestly against the surgeons who undertake independently the supervision of such cases without previous reference to the psychiatrists, who alone are capable of forming a sane judgment.

Regrettable as the confession may be, we are all of us familiar with instances where operations have been done for the mental effect. Is it not appalling to learn that a surgeon of repute would, without psychiatric advice or consultation, operate for this purpose upon a woman aged sixty-five, the unfortunate victim of the mental delusion that she was pregnant?

So much, then, for the physical cause of mental disease.

Psychic Causes.—As to the psychogenesis of mental and physical disease much might be written. It must be assumed that many physical conditions are directly preceded by psychic factors, that headache, vomiting, delusions, etc., are often psychogenetic in their origin. There is no doubt whatsoever that subconscious disturbances may equally affect the mental health and act upon the functions of synaptic groups. Nay more, when we consider how in every motor act but two or three neurones are concerned, that with sensation but four or five, how much more complex must be the mental states with shocks and associated memories, where innumerable neurones and synapses are involved.

Worry, disappointment, grief, are all factors in producing insomnia,

irritability, abstractions, or worse. The cause may be a concealed one, but it is the psychic factor alone which needs treatment. One must remove the cause of the emotional change rather than administer drugs.

The fact of the matter is that all this goes to show that in the detection of mental abnormalities a correct *etiological diagnosis is essential*—a diagnosis of both the physical and mental conditions, for the complexity of psychopathic cases is beyond all belief.

It is important to remember that many people are committed to asylums who would be far better off elsewhere, and that mental disorders and mental symptoms are not synonymous terms.

One is apt to talk rather glibly about a patient having "lost his reason", having "lost his senses", when, as a matter of fact, the mental disturbance may in no way have affected the intellect or the reason, while the changed emotions *alone* may be responsible. The patient has merely "lost his table of values," and is much like a child who cannot adapt himself to his environment, and the inner harmony is lacking.

It is in just such conditions as these that the physician, be he a general practitioner, or be he skilled in the refinements of physical diagnosis, is apt to fall short.

No inconsiderable training is required before one's opinion becomes of value.

Etiologically and symptomatically, the behaviour of the sane and insane is largely one of degree; certainly this is the case with neurasthenics. The chief difference between them is in the mental conflict which requires careful analysis and consideration. The general practitioner is called upon to decide between the sane and the insane, to diagnose exactly, if he can, between the various types of psychoneurosis between the different types of personality, if you will, and to advise as to disposal. To commit, or not to commit, that is the question, and the decision is oftimes an urgent one. He is called upon to decide as best he can between the emotional and the intellectual, to deal with disorders of human adjustment, and with distorted methods of meeting the complex situations of life, all of which are problems the solution of which requires specialized training.

He must be skilled in questions of mental hygiene, of adaptability to environment, and the reactions that arise therefrom, and no one untrained in psychology should presume to offer a final opinion.

It is obvious that the general practitioner is called upon to decide something in which his previous training has been defective. He has not learned to appreciate the degrees of personality, in fact, he probably does not pre-suppose a personality in most of the patients that come within his ken. Now psychiatry teaches us that each human being

may be categorized so far as his personality is concerned in one of three groups, such, for example, as Adler suggests:

(*a*) Paranoiac, *i.e.*, the egocentric individuals, the reformed, the altruist, the seeker of the lime-light, or the ill-natured and unappreciative personality.

(*b*) Inadequate personality, which includes the mentally defective, the feeble-minded.

(*c*) The emotional, unstable personality, excitable, irritable, hypersensitive.

Now, inasmuch as the pathological personality may form that large class known as the border-line type, it is obvious that a training in psychiatric diagnosis requires a fundamental knowledge of psychology.

Unless the physician can appreciate that human conduct is dependent upon certain fundamental reactions, unless he can understand the patient in all these relations, his task of disposal and treatment is a difficult one. Consider the immense multitude of people outside of institutions, who would be the better for such care. Consider the numbers under supervision, or parole—recall, in fact, the myriads of border-land types in every country, and we can gauge the magnitude of the physician's task in diagnosis and disposal.

It is just in these very matters that the physician is apt to fall far short of the ideal, to lose patience, to become apathetic, indifferent or critical. It is a lamentable, but well established fact, that many of these psycho-neurotics, as a result of mal-adaptation, or what not, commit offences of a major or minor importance, and are regarded merely as infractors of the law and not as psychopaths.

The jails and reformatories are filled with people of this kind, who should long ago have come under the skilled attention of the psychiatrist.

Consult the statistics of Bernard Glueck, and you will realize that feeble-mindedness is a matter of crime and degeneracy, that it is a great economic burden on any country, and that its recognition is an urgent matter of Governmental policy.

In Auburn prison alone 67.1 per cent. of the inmates were mental abnormalities. In Westchester County penetentiary 57 per cent. likewise were mentally pathological.

The general practitioner, as a rule, is more or less in despair over mental cases unless the type he be confronted with is an outspoken one of mania, dementia, or melancholia.

One can well picture the helplessness of the average physician who is consulted about a feeble-minded child as to disposal or treatment, or any other information.

Indeed, I fear it is a rare thing for a physician to take sufficient time with a psychopathic patient to get more than merely the broadest outlines of his trouble.

It is a wearisome matter for physicians—these tales of worry and grief, and failure—and the patient is more apt than not to be told to forget his worries, to take a holiday, or to go to work, the physician forgetting that work should be the sequel, but not the substitute for the doctor's own labours.

Not alone is this the case with psychopathic cases, but in all organic nervous disorders the physician overlooks to a surprising degree the functional element.

Medicine of the War has demonstrated this, and Hurst at Seale Hayne, and many others have shown the degree to which the functional side may be developed.

Two striking instances are noteworthy:

(1) A hemiplegic, bed-ridden 11 months, and with contractures, was made to walk in forty-eight hours, the lesion resulting from his cerebral haemorrhage having been so slight as to leave but a few evidences of organic disease.

(2) Friedreich's ataxia, crippled, but so cured in a few days that he could resume his vocation, the pathologcial reflexes and a few other signs alone remaining as evidence of the underlying organic disease.

The Neglect of Psychiatry.—Wherein lies the difficulty, and what is the result?

The causes are many. First and foremost, we must depart from ancient traditions and prejudices. We must learn to look on patients with mental disturbances as something apart from madhouse inmates. We should be done with the era of straw and chains, and patients with all forms of mental disease should be as carefully and considerately observed, treated and relieved, as those with any disease of the lungs, or heart, or digestive tract.

In almost every Medical School in Anglo-Saxon countries, psychiatry is dealt with as a minor subject. The course consists of a few didactic lectures; a few, very few, visits to a lunatic asylum where the demonstrations are apt to be more a theatrical than an educational sight. Chiefly, the rare well-advanced types of mental disease are exhibited veritable caricatures of mentality.

The teaching of psychiatry has well been compared to a course of instruction in navigation, carried on by the inspection of a few wrecks; or by a training in engineering, through the exhibition of a few broken-down dynamos—and all this, too, in spite of the fact that there are in public institutions more insane patients than of all other diseases put together.

Border-line cases, on the other hand, unusual personalities, cases on parole, can neither be stressed or discussed, for *ipso facto*, they do not exist in asylums, when no case can enter an asylum that is not legally committed. The result is that instruction in our schools is necessarily limited, and few students have opportunities to study the most important feature of psychiatry, viz., the border-line cases.

We must treat cases early, and treat early cases; must recognize the importance of treatment out of asylums; of forming pavilions or departments in general hospitals, where till now such cases have always been unwelcome guests.

We must educate the public away from fear and prejudice, and cast off the stigma that attaches so wrongfully to these types of disease. Prevention is still better, by medical clinics in the courts, by education, and by the organization of adequate social service.

Moreover, there is urgent need of an adequate course on psychology in its application to medicine and psychiatry. It must be made a living subject, and in order that it may be duly appreciated, its study should follow upon the instruction in anatomy and physiology.

These two latter subjects should be (and I am glad to say now usually are), dealt with in a much more practical manner, the former emphasizing the relation of functions to structure, while in physiology mental processes are being more and more emphasized.

Personality in all its relation to abnormal and normal conditions must be an important consideration in every general clinic.

It may be claimed that the study of personality is an easy matter. Nevertheless, let a doctor be ever so talented, he cannot by personality, by natural insight, and understanding alone, deal with mental disorders, any more than he can decide by his personality as to hepatic or renal or cardiac insufficiency. One must be taught to study the reaction of disease, and too much stress cannot be laid on the importance of the functional element in all organic lesions.

Let us see to it that not only are students and physicians given all opportunity to learn more of mental diseases, but let us, by every propaganda at our disposal, educate the public to appreciate the greatest hygienic and economic problems in state medicine.

Thus, and thus only, can our country be saved from waste of energy and capital, and from an incubus of misery and inefficiency that is to-day appalling.

Light is happily coming, and through the efforts chiefly of the patient persistent and patriotic physicians of your own city, psychopathic establishments are growing, and with the co-operation of all members of the profession and State, we may be justified in some optimism.

CHILDHOOD: THE GOLDEN PERIOD FOR MENTAL HYGIENE*

WILLIAM A. WHITE, M.D.
Superintendent, St. Elizabeths Hospital, Washington, D.C.

THE outstanding fact that present-day psychiatry emphasizes is that mental illness is a type of reaction of the individual to his problems of adjustment which is conditioned by two factors—the nature of those problems and the character equipment with which they are met.

The first of these factors, the nature of the problems, we can dismiss with the general statement that any individual, theoretically at least, may break under the stresses of adjustment if only the stresses are sufficiently great. For any material, be it physical or mental, no matter how strong its make-up, a force may be conceived great enough to break it.

The second of these factors, the character equipment, is the important one for our consideration in this connection, for mental hygiene is calculated to reinforce the weak points in character while it may often be at a loss to change the nature of the problems which present themselves for solution, although both factors are proper subjects for its consideration.

A generation ago, psychiatry approached the various types of maladjustment from a purely descriptive standpoint, classifying the several disease pictures solely upon an enumeration of the symptoms. This was the period of studying mental illness in cross section. Later, under the influence of the Kraepelinian teaching, mental illnesses were classified upon the basis of their course and outcome. This was the period of studying mental illnesses in longitudinal section. To-day it is generally accepted that mental illnesses are only reactions of the individual as a whole. Pathological reactions, then, are only a portion of the total behaviour of the individual and can be understood only after a sufficient analysis of the personality make-up has made clear how the symptoms are the outcome of a certain character equipment brought to bear upon certain problems of adjustment. This is the period of behaviouristic psychology and interpretative psychiatry.

---

*Read as part of a symposium on the Mental Hygiene of Childhood before the Third Convention of Societies for Mental Hygiene, the Waldorf-Astoria, New York City, February 5, 1920.

Mental illnesses, defects of adjustment at the psychological level are, therefore, dependent upon defects in the personality make-up, and as this personality make-up is what it is as a result of its development from infancy onward, it follows that the foundation for those defects which later issue in mental illness are to be found in the past history of that development.

This is a somewhat abstract statement of what is found, as a matter of fact, in every psychosis as it passes in review in our clinical work. A study of the individual patient always discloses elements in the character make-up which have made for maladjustment over a period of years until finally, owing to some acute disaster or merely by the accumulation of stresses, the breaks or, in individuals more seriously burdened, the defects have conditioned a series of pathological symptoms which have resulted in marked and more or less continuous inefficiency. In other words, mental illnesses are found to be the outward and evident signs of intra-psychic difficulties—conflicts we call them—which conflicts in turn are found to be dependent upon traits of character that have their origins in the childhood of the individual. The capability of the individual for efficient adjustment becomes progressively weakened much after the analogy of two lines that start at a given point and pursue diverging courses. Finally they get so far apart that no bridging of the distance is possible; each pursues its own course independent of the other, and we have the symptoms, for example, of a split personality.

It is natural that character defects should first have attracted attention and been studied in those conditions in which the defects have produced gross and easily observable symptoms. A study of these gross defects of adjustment has shown, however, that the important etiological factors are not nearly as obvious as they were originally supposed to be, but on the contrary they are constituted of subtle defects which have been, often for long periods, quite successfully hidden from view.

The particular trait of character with which the individual has been struggling all his life—suspicion, cruelty, jealousy, timidity, curiosity, overconsciousness, etc.—the trait about which his difficulties arrange themselves, will be found on analysis to have been unfortunately conditioned early in life as a result of the influences exerted by the various members of the family or their surrogates. There is as yet no adequate appreciation of the continuity with which we express our affective states in our postural attitudes, our facial expressions, our voices, mannerisms, remarks, opinion, interests, aversions, and how subtly, half-consciously, often quite unconsciously, we read these signs in those about us and are correspondingly influenced. This personal world we live in is "not a world of formal thought only, but more a world of feeling, and moreover

a sentience so exquisitely fine and fluent as many times to be scarce conscious of itself and quite unconscious of its causal antecendets.* The child in the family is one part of an organism which is highly responsive to all that goes on in that organism. The influences which thus reach the child find it peculiarly plastic, much more so than later in life when the main character traits have become firmly established, structuralized.

All of this points quite unequivocally to the period of childhood as the golden period for putting into effect the teachings of mental hygiene. It is the period *par excellence* for prophylaxis and therefore the period, above all others, which must be studied if psychiatry is ever to develop an effective program of prevention.

These statements will, I think, be pretty generally agreed to, but in this connection I wish to refer to certain tendencies of thinking which I believe have operated against this enlarged conception of the importance of the personality. I refer particularly to the thinking which has been dominated by the germ-plasm theory of heredity and certain derivatives from this theory which have tended to the conclusion that practically all of our characteristics, mental as well as physical, are handed down to us by our ancestors and are something, therefore, which we can do very little about. The theory of the non-inheritance of acquired characters and the further theory that for every last trait there is a germ-plasm determiner has introduced a fatalistic element into our thinking which has made for a therapeutic nihilism by turning attention away from a consideration of the possibilities of effectively modifying the fundamental elements of the character make-up. In this connection Ritter† very aptly says that the germ-plasm dogma is "chargeable with the grave offence of having added its weight to a conception of human life, the overcoming of which has been consciously or unconsciously man's aim throughout the whole vast drama of his hard, slow progress from lower to higher levels of civilization—the conception that his life is the result of forces against which his aspirations and efforts are impotent."

Even allowing that certain fundamental traits are inherited, that does not mean that nothing is to be accomplished in an effort to utilize those traits to better advantage. A congenital deaf mute does not have to give up all effort to communicate with his fellows just because he cannot do it in the usual way. A person may be from early childhood intensely curious. That does not mean that he must always use his curiosity in a socially offensive way. With proper opportunity and guidance, he

*Maudsley, Henry. *Organic to Human, Psychological and Sociological.* London: Macmillan and Company, 1916.

†Ritter, W. E. *The Unity of the Organism or the Organismal Conception of Life.* Boston: Richard G. Badger, 1919.

may learn to use this trait to better advantage and may become a scientist utilizing his curiosity in searching out the secrets of nature rather than the secrets of his neighbours.

Apart from such considerations, however, there is much evidence that the theory of the continuity of the germ-plasm and the non-inheritance of acquired characters, in fact the whole subject of heredity, will have to be materially modified, particularly as it relates to those mental traits that we are accustomed to observe in our fellows and our patients. Not only are certain biologists beginning to think of the germ-plasm as being a part of the organism as a whole rather than as a substance which is handed on from parents to offspring in unmodified form, but there is much evidence that mental traits, particularly those which later on make for defects of adjustment, are developed in response to certain facts in the environment. For example, it is as logical to suppose that a son may develop traits like his father because he seeks to emulate him as it is to suppose that these traits were handed down to him through the medium of specific determiners in the germ-plasm.*

If it is true that defects in the character make-up can be explained as originating in traits which were acquired in early childhood as reactions to certain factors in the child's environment, then the way is opened for an attempt to prevent such undesirable traits by an understanding of the child and a modification or elimination of those environmental factors which produce such results. For example, we all know many persons who are afraid of lightning, yet Watson tells us that in all the babies he has worked with he has never seen a reaction of fear to sudden flashes of light.†

If the fatalistic ways of thinking engendered by the theories of heredity can be put aside, then we find another reason for considering that the period of childhood offers the golden opportunity for mental hygiene and for realizing that this is the period upon which effort must finally be centered in the development of a program of prevention.

What are the points of attack for the development of such a program?

First, there must be a real understanding and development of child psychology. This development must be along the lines of behaviourism, a study of what the child is trying to do in terms of the child psyche. Here, as elsewhere in dealing with children, the tendency has been to

*See discussion of heredity in my *Mental Hygiene of Childhood*. Boston: Little, Brown and Company, 1919.

†On the other hand, he tells us that loud noises will produce the reaction of fear in very young children. As the lightning is usually followed by thunder, the flash itself is soon reacted to by fear on the principle of the conditioned reflex. Watson, John B.: *Practical and Theoretical Problems in Instinct and Habits* in *Suggestions of Modern Science Concerning Education*. New York: The Macmillan Company, 1918.

think of the child as if it were a small adult and to project upon it those types of explanation which we as adults have found satisfying in our own personal experience. A behaviouristic child psychology must get away from this tendency and get at the original data from first-hand observation. Such a study of the development of types of reaction, a study of the primitive instincts and their unfolding in the more complex reactions as development progresses, is of the first importance.

Second, an understanding of the nature of the child's relations to its environment, particularly its personal environment and specifically to the members of the family, is also essential. Its relation to the family situation begins from the moment of birth, and from the symptoms that later develop in the psychoses we have come to learn how important those relations are for conditioning the later reactions for better or for worse. The fact has too long escaped notice that the family situation contains within itself certain elements of a disruptive nature.* It is as essential that the child should ultimately escape from its bondage to the family as it is that it should, during a certain period, be a part of that family and more or less subject to its direction. The complex interplay of these attractions and repulsions needs to be more fully studied as they express themselves in the symbolic mosaic at the psychological level.

And thirdly, a full understanding of all these matters must reach their application in education. Here again the effort has too often been to project upon the child something which we as adults may think desirable rather than to understand the equipment of the child and then try to develop that equipment in the best possible way. Education has been largely empirical and too much confined to teaching; it needs to be developed as a scheme for assisting and guiding the developing personality, based upon a real understanding of the principles involved and the equipment.

And finally, inasmuch as it cannot be expected that the child is going to acquire all this information and then apply it to itself, it is essential to develop some means whereby such information can be translated into effectiveness. The child is so intimate and so all-pervading an element in our social structure that any organized effort to influence it profoundly in its development must needs touch every part of that structure. The obviously more important points of attack, however, are the home and the school, of which places probably the home offers the least encouragement. The relations between parents and children are governed for the most part by crude instinct and it would hardly seem that we either have organized knowledge in a sufficiently practical form

*For a discussion of these elements, see my *Mental Hygiene of Childhood.*

or means at our disposal to alter this situation materially or even to interfere with it on a large scale, except in a superficial way, with anything like a sure touch. To be sure, much can be done by the trained social worker, but this is usually in cases where trouble already exists and even such approaches must come largely through the schools. That this is so is perhaps unfortunate, for there are of necessity many problems that cannot be touched in this way except perchance through the family physician, who should become more and more a reliable source of information, advice, and strength as the teaching of psychiatry and kindred subjects broadens out in the medical schools. Take, for example, the problem of the unwelcome child—the impregnation which was accidental and not desired, the months of childbearing endured without joy, the pains of parturition that are borne in bitterness, and finally the child to be the recipient of all this accumulated feeling of resentment.* "What is the later story of such a life?" "How could it be modified to advantage?" are the immediate questions, but perhaps of greater significance is the query how the problem of the unwelcome child relates itself to one of the burning questions of the day—birth control and the use of contraceptive measures. Man's antipathic tendencies, as well as his creative purposes, are sublimated and refined in the course of cultural evolution. The viable child is no longer plunged head down in a vase of water—the germ cells are not permitted in conjunction.

The school seems, therefore, to be the most practical place to work for results, although of course a great deal of knowledge must be acquired about the child before it is of school age. Work of this character we are trying to plan in Washington in connection with a private charity which ministers to the infant, helping the mother during her pregnancy and the child for the first six years. Arrived at the school, however, the teacher becomes the surrogate for the parent and perhaps in many ways, not only by education, but because of emotional detachment, is better calculated to be of real service than the parent. If the teachers, with the machinery of the schools, are going to be of real value, it will mean that the education in the normal school will have to be broadened, the final result of which will be somewhat older, more mature, better teachers, better paid.

All our approaches to the understanding of defective psychological adjustments point undubitably to childhood as the period when things

*These remarks are not intended to apply to phenomena usually considered under the designation "maternal impressions." I am referring only to the attitude of the mother toward a child that was not desired. Such an attitude conditions a feeling of inferiority which may be a serious handicap throughout life. A similar situation is produced when there are several children one of which is a favourite of the parents. In such a relationship the child feels keenly his inferiority in the family situation, as does the unwelcome child.

first go wrong, and the indication is therefore clear that this is the period which must be studied and modified to prevent the failures of later life. A great mass of evidence has been accumulated which goes to show that serious breaks in adjustment do not ordinarily occur without the co-operation of some lack of balance in the personality make-up, that they are rarely to be satisfactorily accounted for by the influence of extraneous circumstances alone. This evidence has been accumulated from the study of actual breaks as we see them in our patients—breaks which we have come to look at only as end results. The studies which have been made of delinquents show this very well indeed—how, for example, the young man who has finally come to a long-term sentence in prison will almost invariably show, if a careful survey of his past life is made, a long series of conduct anomalies which make the final outcome not only understandable, but often quite inevitable. I have in mind a recent case that came under my observation. A negro ran amuck, broke into several dwellings, and in one shot and killed a young woman. He was convicted of murder in the first degree and sentenced be to hanged. A behaviouristic survey of this man disclosed the fact that he had shown traits of lack of control, impulsive and irresponsible conduct from his early youth, that he early began to drink and to take drugs, that he had been arrested and served sentences upon many occasions for both major and minor offences, that there was all through his career a tendency to indulge in acts of violence and acts that were calculated to jeopardize the safety and the lives of others. The final homicide was the logical outcome of such a career, and at this late date execution seems rather a confession of impotence in dealing with this antisocial problem. No really intelligent plan had ever been brought to bear upon the problem he presented, but he was allowed to pursue his course to its logical outcome; whereupon society washes its hands of him finally and for all time. From the standpoint of responsibility, it might well be questioned which was the more responsible—the society that permitted all this or the defective youth who went his way.

One of the most important issues in mental hygiene, then, as I see it, is to correlate the sick adult with the knowledge we have that his illness is traceable in its beginnings to his early life. I have already indicated that this must be done by a more developed knowledge of the psychology of childhood, which is reflected in the home, in the school, and in the principles and methods of education. While all of this is true, we need not lose sight of the fact that much work which is at present being carried on has mental hygiene implications, some very directly. Such work as the Child Bureau is doing in attempting to determine the minimum requirements of food, clothing, wages, etc., is obviously important. We must first have a live child if we are to have

any problem at all. Efforts to improve the environment, even with reference to such obvious features as food, clothes, and ordinary sanitation, however, are not lacking in their general effect upon the mind of the developing child. Recent observations in the devastated countries of Europe have shown how quickly destitution, which takes all the joy out of life, is reflected in the mental make-up of the children. Here also come in such problems as the care of the pregnant woman, child labour, sex education, school sanitation, and more specifically the problems of the atypical child and juvenile delinquency, all of which can be better dealt with in proportion to our increased knowledge of child psychology, while such social problems as marriage and divorce, and, as already indicated, birth control, have very direct bearings.

All of these several factors will be seen to have their bearings when it is realized that the child is not a finished product, but the result of influences which play upon it from all these sources. It is a product of the past through heredity, of the innumerable elements, largely personal, of its environment, of its instincts as they work out in relation to that environment, of social and family traditions, and of the social standards of its time and place, and all of the various approaches indicated can be made more effective in the light of such knowledge. I am minded at this point to compare the broad behaviouristic program that I have indicated with the restricted scheme that is spanned only too often by the Binet-Simon scale. This scale, as devised by its originators, may be a very valuable tool in the hands of a skilled observer, but as the "be all and end all" of child psychology it may become quite as vicious in its results as the fatalism inspired by the false theories of heredity I have already mentioned.

And finally, inasmuch as many of the breaks, perhaps most of them, occur in the adolescent period or the period of early adulthood, it would, to my mind, be of inestimable value if some help could be systematically extended to the youth when, if he has not as yet broken, the symptoms of final disaster are quite apt to be discoverable. This might easily be done while he is still in school or college, if there could be connected with each such institution an adviser skilled in matters psychological and sympathetic and understanding of the problems of the young. This is a matter to which Dr. Paton has called special attention. I feel sure that such an adviser, connected with our large universities, would soon establish a large and useful clinic to which a great number of the student body would resort for advice and assistance in dealing with their life problems as they are beginning to unfold at this most critical period of life. It is of the utmost necessity that not only should our schools and colleges be equipped to offer instruction in any branch of learning desired, but that the individual should be consulted as to his

equipment, his personal tendencies and desires, his difficulties and shortcomings, as well as his special aptitudes and opportunities. Unless this is done, the big educational machines will go on grinding out their regular proportion of failures. When it is done, those failures can be minimized and it may be found that not a few may profitably be turned away from a higher education to a life of greater usefulness in some other direction.

This is the sort of effort that is calculated to adjust the educational machine to the needs of the individual. To-day that machine offers a fixed structure into which the individual is fed, to come out well or ill in proportion to his capacity to meet the requirements. The means I suggest would have the effect of helping to adjust the educational opportunities to the needs of the individual and would be a movement towards individualizing the student just as we have learned in psychiatry that any material advances in therapeutic efficiency must come along with a further individualizing of our patients.

These are some of the directions in which my thought is led by a consideration of the mental hygiene of childhood. If we are to produce a better race of adults, we must be able to control the influences which go to mold the adult character. A practical program in this field seems to me to be possible, and to offer a decidedly more workable scheme than an effort to go back of the returns with the eugenist and control the material. The more we know of what can be accomplished with the material given us, the better position we will be in to undertake the control of what that material shall be.

TRADE-UNIONISM AND TEMPERAMENT

THE PSYCHIATRIC POINT OF VIEW IN INDUSTRY

BY E. E. SOUTHARD, M.D.
Late Director, Massachusetts Psychiatric Institute, Boston

THE philosophy of trade unionism is yet to be written.

Its history is acknowledged to be baffling. Its present status deserves no other term than "hectic," and its future seems quite beyond prophecy. There are many trade unionisms rather than any single trade-unionism; but, whether one or several separate trade-unionisms, most observers would regard the trade unions as a phase rather than an end, as a technique rather than a purpose, sociologically considered. I was led to the present reflections while trying to clear the way for concrete work on the mental hygiene of industry.

Under the auspices of the Engineering Foundation some workers have recently been trying to discern whether the principles of mental hygiene could not be applied with some reasonable hope of success to the problems of industry. Now the tools of the mental hygiene movement, that is to say, the mental hygiene personnel as so far developed, fall into at least three groups, (*a*) a group of psychiatrists, (*b*) a group of psychologists, (*c*) a group of social workers; and in point of fact a few psychiatrists, a good many psychologists and a number of social workers with more or less mental hygienic training are already at work under various auspices in industry. It is not my task here to speak of the beginnings and progress of that work summed up recently in papers by Dr. Stanley Cobb, of the Harvard School of Industrial Medicine, entitled "Application of Psychiatry to Industrial Hygiene," and by myself, entitled "The Movement for a Mental Hygiene of Industry." In the present communication I wish to speak in a narrower sense (*i.e.*, excluding psychology in its technical sense) of *industrial psychiatry*, that is of the psychiatric division of mental hygiene and the possibility of its application to a leading problem of industry, namely, trade unionism.

---

*Read at the opening session of the Third Convention of Societies for Mental Hygiene held at the New York Academy of Medicine, New York City, February 4, 1920. It represents a study made in connection with a research undertaken by Dr. Southard for the Engineering Foundation of New York and was the last paper read by Dr. Southard.

Pooling of Psychiatry and Economics

"Industrial psychiatry" is itself no new topic. The phrase was perhaps first used by Irving Fisher, Professor of Political Economy in Yale University. But the idea that the psychiatric point of view might profitably be applied to industry has become almost a popular idea with the publication of "An American Idyl," the remarkable biography of the late Professor Carleton Parker, of California and later of the State of Washington, by his widow, who has carefully noted the progress of the psychiatric idea through Parker's independent thinking and his personal contacts with American psychiatrists. In short, there has been a much more sudden and productive pooling of psychiatry and economics than either mental hygienists or sociologists could have hoped.

But is such a union of mental hygienic and sociological interests as those foreshadowed by Carleton Parker likely to be early fruitful? After all, are we not dealing with pious hopes rather than with productive conclusions? I am afraid that many practical business men find little to hope for and much to fear in any collection of theoretical ideas that we may tie together with the name "*ology*," or in any movement of the world dignified by the suffix "*ism*." Ologies and isms, the practical business man once might have risen to remark, have no place in American practice—to-day he knows he should know better. The close relation of ology to ism in practice is well enough shown even in Marxian socialism. There seems to be no doubt that Marx got many of his ideas from the German philosopher, Hegel, and many others from the French social philosopher, Saint Simon, and even some from the English economist, Adam Smith, and the followers of Adam Smith. The comprehensive history of European thought written by J. T. Merz, speaks of Marxism as a kind of materialistic paraphrase of the philosophy of Hegel and regards the materialistic results of Marx as working directly into the hands of the German historical school of political economy and jurisprudence. Herein socialism, a popular movement, has in turn influenced sociology, a theoretical science.[1]

---

[1]That ologies can influence isms is shown in two other examples that may be borrowed from Merz's analysis. Fichte, in some ways the most German of philosophers, wrote a short tract in 1800 called "The Closed Industrial State," and in 1826 the independent, landed proprietor, Von Thunen, wrote a somewhat similar work entitled, "The Isolated State with Respect to Agriculture and Economics", giving algebraical formulae for the natural wage of labour by eliminating rent. I commend to every reader the tenth chapter of Merz's work entitled, "Of Society," especially any reader who doubts the relation of theory to practice in the development of the present human situation. Written as it was before the Great War (the fourth volume published in the year 1914), this work gives the most comprehensive brief account of the total situation which we now possess.

A great many reasons, good and bad, have been given for the Great War, and there are even more predictions for the future of reconstruction than there have been explanations for the Great War. But whether we charge the receding terrors of the war or the febrile difficulties of the present to bad morals or faulty education of the people themselves or of their leaders, whether we regard the situation as good or ill in the hands of the slowly developing juristic system wavering between excessive individual liberty, or whether we throw the whole onus upon the shoulders of blind economic development—we would make a bad error if we left theory, science and philosophy out of the account.

The Banner of Theory

It has struck me that one of the nearest duties of Engineering Foundation, in entering work upon the mental hygiene of industry, is to carry the banner of theory rather more proudly than it is sometimes carried. The engineer, especially the modern personnel manager, is not doubt most receptive to whatever his colleagues from other arts and sciences have to bring.

I look to no concrete results from those widely advertised industrial conferences held in our country in the latter part of 1919, simply because management and the engineering profession in all its branches were, in so far as I could make out, not properly represented. Capitalists who have once been engineers are capitalists notwithstanding. Labour leaders are prejudiced, and no doubt rightly so, for the practical purposes of their leadership. The public has interests that are diffuse rather than concrete, and has no specialized knowledge either of financial systems and conditions of labour, or of the theory and practice of management. But when the over-conservatism of capital and the over-radicalism of labour and the nebulous vagaries of the public shall have failed, as they will surely fail, to solve the industrial problem, then will be the time for engineers, in the broadest sense of that term, to be thrown into the game.

But expert engineers who "make the wheels go 'round" are not quite so authoritative when it comes to questions of the wheels themselves: Shall the wheels be turned at all? At what rate? and, especially, What new wheels shall be called to service? I spoke above of the causes of the Great War as possibly lodging in a faulty education, in evil morality, in a jural system falsely evolving, and in purely economic developments. The problems of reconstruction are likewise possibly mental, possibly moral, possibly incidental to adjustments of government and law, possibly under the influence of economic laws, old or new. It will be the duty of engineers facing industrial problems to deal in no narrow spirit or mere technique with those problems. The problem is beyond the grasp of scientific management except in some broad inter-

pretation of that term which no one would be likely to accept. No mere education of expert managers, of workmen, of the public or even of the capitalists is likely to work, because the problem digs morally far deeper than in education within the grasp of the much vaunted modern publicity method. But although the problem is not one of scientific management, neither is it one to be solved bodily by the methods of charity and welfare.

Justice the Cry To-day

Not happiness but justice is the cry to-day. The representatives of scientific management must come together with the representatives of social welfare. Those who stress the mental element must pool their proposals with those who stress the moral element. But the efficient engineer and the expert social worker must bear in mind the cry for so-called social justice. Those who raise this cry seem always in some sense to rely upon improvements in government and law, whether those improvements are such as to make us have "faith in Massachusetts" or such as to hearten the legions of Bolshevism. The spokesmen of representative government in America or of the Soviet system in Russia claim with equal vivacity that they are out for social justice, and all intermediate types of politicians not only argue for social justice but would resent the statement that the principles of organized welfare work and, in the end, also the principles of scientific management, would not be successful at all alongside, and even by virtue of, the principles of social justice.

Thus we have advanced appreciably from the standpoint of Carl Marx. Carl Marx stood for self help, on the part of the scientists. There was no immutable principle of natural justice which would save the workmen. They would have to help themselves, as Lismondi cried: "What! is wealth then everything? Are men absolutely nothing?" Marx's facts such as they were seemed to have been derived from Adam Smith, from Ricardo. The statisticians had built up a fabulous but harmless creation, "the average man". Ricardian economists then got up something which proved to be more of a Frankesntein, namely "the economic man". The theory of wealth upon its tripod of wealth, wages and profit, was the result of British economic thought. The economic man was a machine upon the Ricardian theory, and it was against this mechanical idea of the worker that Carlisle inveighed and Carl Marx leveled his suggestions for a complete overturn of the social order.

The Best Is Behind Scientific Management

I am inclined to see in the great movements for scientific management, for social welfare and for social justice the best efforts of the

Head, the Heart and the Long Arm to solve the problem. Of course, we must not charge the Ricardians of old any more than a member of the Taylor Society of to-day with delusions in human sympathy, and no doubt the movement for scientific management in its modern aspect has made much room for the moral motive, particularly in its study of the fatigue factor in industry. Again, it would not do to charge Carlisle of old or Jane Addams of the present day with irrationalism, or with a tendency to behead the system and run it by means of a heart only. As for the representatives of the Long Arm of the law, among the most liberal jurists whom I have had the pleasure of listening to, I fancy that none wants to acknowledge the desire either to behead the social animal or to tear out its heart. To be sure, if one took the principles of Austinian jurisprudence quite literally, the Long Arm and even the Big Stick are its most obvious forces.

Noble Endeavours Have Not Solved the Industrial Problem

You will rightly say that I have wandered far from the topic of trade unionism and temperament. My purpose in thus wandering was to show that a great series of noble endeavours has quite failed to solve the industrial problem. Some economists, both followers of Marx and ardent scorners, are still inclined to think that economics might well be left to solve its own problems as the blind were once commended to a system of representative leadership by other blind, who, let us hope, had strongly developed the sixth sense. But the great war and the problem of reconstruction do not argue strongly for the program to let things stew in their own juice. Neither the *laissez-faire* plan, nor the neatly rounded little Utopian systems of one or another economical theorist, practically works. Accordingly the Head, the Heart and the Long Arm of science tried their luck. Scientific management, social welfare, and social justice became by-words, each accomplishing something or a great deal according to the times and seasons. One great profession, that of medicine, had no share in these matters, unless very indirectly by influencing university teachers of men of science, moralists and lawyers. To-day we see signs that medicine is to be called in. We cannot otherwise explain the numerous increases of interest in industrial medicine shown in more than one country and by more than one type of agency, official or voluntary, in our own country. Departments of hygiene are securing important contacts with industry, either solving the problems derived from the works, or carrying new laboratory results back to the plants themselves, or in a few instances laying down programs for aid in the personnel problem.

I want to make a plea for the inclusion in the program of industrial

medicine of the neglected field of mental hygiene. I call attention to the fact that Engineering Foundation, representing the engineering profession, has taken up concrete beginnings of research upon this problem of the mental hygiene of industry, which will so develop that industry will shortly demand from the psychiatric branch of the medical profession various consultants who will not do their duty either by medicine or by psychiatry if they do not look attentively into these new matters. I think the ordinary physician, even the industrial physician, would look upon the topic of trade-unionism as very remote from his interest or knowledge. I am afraid that most mental hygienists would feel themselves wholly at a loss confronting trade-unionists. Nor will I make extravagant claims for mental hygiene or for its personnel. The problems which mental hygiene will attack are practical problems, and no practical problems are ever solved (so far at least as they deal with individual situations) *in camera*. Nevertheless, mental hygiene might have something to say in many problems.

Hoxie's Theory of Trade-Unionism Types

Let us take the late Professor Hoxie's work, "Trade-Unionisms in the United States", published in 1917. Hoxie, according to his introducer, Dr. Downey, was originally trained in the "straitest sect of cloister economics", and was very able to sharpen a keenly analytical mind upon the subtleties of marginal utilitarianism. Hoxie spent more than ten years in intensive study of American trade-unionism, which led him into various fields of inquiry, such as wage theory, socialism, pragmatic philosophy, social psychology, employers' associations, scientific management. His "Scientific Management and Labour" is well and favourably known. I want especially to speak of Hoxie's theory of the four functional types of Trade-Unionism in America. To give some idea of Hoxie's methods, at the same time pointing out some relations of this work to mental hygiene, I propose to list a number of items taken from the report of Hoxie's students upon the trade union program (embodied in appendix 2). From paragraph 1, "Aims" may be quoted:

> Expression of self, personality, temperament, group philosophy.
>
> Higher intelligence and capacity for enjoyment.
>
> Improvement of working conditions in health, exertion, independence, personal dignity, supervision and control.
>
> Improvement of living conditions and standard of living; uplift of the working class; uplift of the community as a whole, self-help.

From paragraph II, "Principles and Theories", may be quoted:

> Essence of social maladjustment is the wage system.
>
> Low wages cause of most human ills.

Belief in the wage fund theory, or "lump of labour theory," causes opposition to industrial schools and immigration.

All workers are of the same benefit to society, whether skilled or unskilled, and all should therefore receive the same wages.

Competition between man and man is healthy, but between man and machine is injurious to man.

Society's obligation to the worker to help him obtain his rights, including the right to leisure, and right to education.

Organization is essential to freedom from oppression. Cheap workmen's hotels, minimum wage, etc., simply retard the one right way to better things—organization (Might is right when unionists win).

Right and justice are the rules of the game of the ruling class. Unions justified for the good they do, no matter how great the corresponding damage.

Ends justify the means.

From paragraph III, "General Policies," may be quoted:

Organization for mutual insurance.
No affiliation with welfare plans of other groups.
To act pragmatically.
Make use of:
Self-help only,
Strategic position,
Monopoly,
Strikes,
Boycott,
Violence if necessary,
Methods "within the law",
Mediation,
Arbitration,
Conciliation.
To maintain efficient and high moral character.
To encourage industry, education.
Sabotage.
General strike.
Violence.
To discountenance violence.
To use any method in a pinch.
To educate and uplift union personnel.

From paragraph IV, "Demands," a few items may be quoted:

Equal pay for men and women.
No piece work.
Abolition of rushers, speeders.

No scientific management.
No change in class.
Protection against occupational diseases.
Sanitary shops.
Abolition of child labour, night labour.
Regulation of hiring, discharge, fining, docking, promotion.
Settlement of disputes.
Legislative demands.
Prevention of high-speed schemes.
Workmen's compensation.
Old age pensions.
Public as against private welfare plans.

From paragraph V, "Methods", may be quoted:

High moral requirement for membership.
Violence.
Intimidation of employers.
Scabs.
Sabotage.
Educational work through emotional appeals to public.
Education of public.
Inconvenience of public.
Social ostracism.
Mutual aid and insurance.
Grievance boards.
Moral suasion.
Control through superior competence and efficiency of union labour.

Practically the whole of paragraph VI, "Attitudes," might well be quoted since almost every item has some relation to mental hygiene.

Moral and industrial worth, not wealth, the standard of human greatness.

Physical power the motive force of everything; might is right.

The church and the State, the great pillars of capitalist society.

Contented workman is a pitiable object.

Those who kick without reason are better than those who do not kick at all.

Employers can meet with workers on a basis of justice to both, or on the other hand, "contracts with employers are not sacred."

Every welfare plan has a joker in it.

Conflict between materialistic bread-and-butter unionists and the idealistic members.

Trade-Unionism—the bulwark of capitalism.

A. F. of L. if not a labour organization is simply a combination of job trusts.

When a man gets too wild for the A.F. of L. he goes to the I.W.W. so that the I.W.W. is a good thing.

A man is a scab when he gets in the way of your job, no matter how badly he needs the money.

Men's unions have bosses—women's do not.

Four Types of Trade-Unionism

All the foregoing mass of even contradictory and various statements about unionism would form much grist to the psychiatric mill. The point of view of mental hygiene certainly needs to be applied to industry if such analyses of Hoxie's students are at all representative. The insight of Carleton Parker is certainly justifiable.

Perhaps Hoxie's most interesting contribution is his distinction of five function types (four, if we exclude the group of so-called dependent trade unionism, which relies upon the support of other forms of unionism, or is "yellow" in the sense of being created by employers).

These four main types of unionism are:

Business unionism,
Uplift unionism,
Revolutionary unionism,
Predatory unionism.

Assuming that Hoxie's account of the functional types of trade unionism is approximately correct, so far as it goes, let us see whether the psychiatrist can find any grist for his mill in an endeavour to learn what these functional types of trade unionism might mean in terms of the great fundamental psychic trends. Trade unionism looks like a phenomenon of mass psychology. No doubt the final account of trade unionism will be in terms of mass psychology, but at the present day we do not know too much about this so-called mass psychology. Moreover, it might be dangerous to apply modern and incomplete ideas of mass psychology to a social problem so red hot as the trade unionism of the present day.

Very near to the surface of the modern psychiatrist's consideration of any problem is the question of temperament. What temperament may mean in terms of mass psychology is, to say the least, doubtful. We can serve ourselves best with the distinctions of the psychology of the individual, simply because we have no mass psychology, in the matter of temperament. Granting that Hoxie was right in his definition of the functional types of trade-unionism, may we not profitably inquire how his results fit with what we know of temperament. I shall shortly be able to show that four main types of trade-unionism discussed by Hoxie,

correspond rather neatly with the classical types of temperament. However, my first point is not that trade unionists of one functional type are all temperamentally equipped in a certain way. In the second place, there is no question whatever that the labour leaders in a given way are necessarily men that would prove to be the vehicles of a particular temperament. Nor in the third place is it at all certain that the founders of particular trade union tendencies give pure examples of a temperament corresponding with their particular unionism. I am rather inclined to think that evidence will be forthcoming to prove the genesis of the different trade unionisms due in great measure to certain temperamental trends.

Four Types of Temperament

I do not trust to my own analysis of trade-unionism, since, indeed, I have no special claim to training that would fit a man for such analysis. Likewise, I shall confine myself to the safe ground of a very ancient account of the temperaments. The psychiatrist cannot help having personal, and even partisan and political views of a topic like trade-unionism. The psychiatrist, like any other citizen, might therefore, import his own private views into the analysis. Without further preface let us consider the classical temperaments as they have descended to us from Hippocrates and Galen. The "temperaments" of these Greek physicians were in the literal sense "humours", and good humour and ill humour have come down to us as results of Hippocratic and Galenical ideas. These men distinguished the following four types of temperament: The phlegmatic, the sanguine, the melancholic, and the choleric.

We distinguish sharply the power of a man's intake of sensory stimuli from his motor power of responding in various ways to these stimuli, present or past; but between intake of stimuli and discharge of responses man interposes his intellect and his emotions; the intaken stimuli are somehow combined in the mental processes termed intellectual (that is, inter-ligating). The behaviour of man, that is, the shape his responses, muscular and glandular, take, is thus not merely a matter of his sensory intake of stimuli, but also a matter modified by memory, imagination and other intellectual combinations. However, besides sense, intellect and will (to use the old terms for these functions), we have also to deal with a man's emotions that may influence his behaviour essentially and sometimes almost regardless of his sensory intake, his intellectual combining power and even the natural lines of his motor responses. There is an attitude of pleasure, of pain and perhaps of emotional indifference which modifies behaviour. These are very inadequate words in which to describe what a man does as modified by what he takes in, mulls over, and has pleased or pained feelings about;

but these over-simple words will serve for the moment to make my point, that sensory and motor power on the one hand and emotion on the other hand are apparently much more than the intellect. With these same senses, perhaps with the same muscles, the same glands, and no doubt with the same brain equipment, two men might act differently. We should be included to ascribe these differences to temperament.

Comparison of Trade-Unionism and Temperament Types

Thus, if we are analyzing trade-unionisms from a temperamental viewpoint, we are not discussing how logically well or ill conceived these trade unionists are, that is, their intellectual value in the logical world; nor are we discussing their values in behaviour, except as behaviour is influenced by temperament. Let us now show the four trade unionisms and the temperaments in parallel columns.

Classical temperaments	Functional trade unionisms
Phlegmatic	Business
Sanguine	Uplift
Melancholic	Revolutionary
Choleric	Predatory

There are obviously certain logical connections between the ideas conveyed by the terms for temperament and the terms for unionism. The phlegmatic temperament of relative indifference to pleasure or pain of ordinary degrees is precisely the every-day temperament of the majority not only of labouring men and all labour leaders but also of people in general. From business unionists in Hoxie's sense as from all persons with phlegmatic temperament we may expect business-like reactions, not too highly coloured nor influenced by the extremes of temperament. In accordance with the warning previously expressed, I do not wish to say that business unionists may not now and again vivaciously, melancholically or vituperatively argue their points, but the logical machine of the business trade union in Hoxie's sense appears to be a machine in which vivacity, melancholy and irascibility are not effective forces. We do not regard the esteemed leaders of the American Federation of Labour as swayed by their different logical considerations, since we concede their proper partisanship for the men they represent.

As Hoxie sufficiently indicates, the uplift phenomena of unionism are still nigh universally displayed by the different types of craft and industrial unions. Perhaps there is no single actual union that expresses uplift, and nothing but uplift, in its work. Can we not safely conclude, however, that something like what underlies the sanguine temperament underlies the uplift movement? The modern psychiatrist would have to say concerning sanguine persons that they are often subjected to an opposite feeling, "the blues". Many such persons, technically called

cyclothymic, belong by temperament to the uplifters. Whatever and whoever demands uplift gets the sympathy of these persons, whose interest may shift from week to week and month to month from one proper object of sympathy to another equally proper object. Perhaps we owe much of our effective social welfare work to the existence of the sanguine in the world. Not even their blues, or what were originally called the blue devils, remain valueless, since on the upswing of their temperament they depict in glowing colours the terrible things felt by them when possessed of their devils.

Each of these temperaments, the phlegmatic and the sanguine, has its peculiar virtues. Each of us has felt each trend at different times. Is it not of practical social value to bear in mind the possibilities of these trends to evaluate not only other people's but one's own temperamental trends in this way?

Melancholic Temperament and Revolutionary Trade-Unionism

Perhaps the least obviously effective comparison here made is between the so-called melancholic, or atrabilious, temperament, and the revolutionary type of trade unionism. There is no neat correlation between black bile and the I.W.W. or the I.W.W.'s quasianarchistic forms of unionism. However, there is some suggestion of a parallel in the mental attitude of the revolutionary and that of the confirmed melancholic. The confirmed melancholic, particularly of the more advanced years, is apt to centre thought upon certain ideas, which in frank cases of mental disease may amount to delusions. The point that we outsiders must bear in mind which might concern the revolutionary types of trade unionism, is not their emphasis on direct action, sabotage or violence, but the grounding of all their lives upon definite ideas or hypotheses. The emotional tone of this revolutionary unionism is almost always unpleasant. They are almost always in the state of felt passivity. The passivity they feel simply illustrates for them the passivity in which they conceive the world, especially the industrial world, to be.

If we approach the analysis of those revolutionary unionisms with the idea of their actual grounding in unpleasant violences and violences of felt passivity, we shall get on much better than if we try to interpret their behaviour along simple lines of direct action. The direct action advocated by Sorel in his classical work on violence is a type of behaviour grounded in an hypothesis philosophically held. We can best explain the direct action of Sorel on temperamental grounds, and this entirely aside from the logical accuracy of his conclusions. For aught we know, one or more of the revolutionary types of trade unionism may be logically

quite sound. Our one concern as psychiatrists would be to appraise correctly the share of temperament, in the total response or line of behaviour, taken by the revolutionary under examination—*e.g.*, by the philosophic syndicalist Sorel. Without stopping to inquire whether Hippocrates and Galen would concede our modern analysis of the melancholic temperament to be correct, let us concede that there does exist a type of revolutionary temperament of unpleasant feeling tone and of a felt passivity, quite capable of explaining many proposed revolutionary programmes.

Choleric Temperament and Predatory Trade-Unionism

Far easier is it to see the choleric temperament in the so-called predatory trade unionisms. Here are men working not upon the comparatively high intellectual levels of the revolutionary unionists, but upon lower, instinctive levels. The revolutionary and the predatory unionist may advocate and perform the same acts of violence and sabotage. The revolutionary will have his reasons—the predatory will act on impulse; the revolutionary will have a predominating emotional tone of unpleasantness and will feel decidedly in the passive voice, like many a victim of out-and-out delusions. The correctness or accuracy of his belief makes no difference to his temperament. The felt passivity may be actual passivity or a fancied passivity. The effect upon the revolutionary's behaviour is the same whether the felt passivity is real or imaginary. On the other hand the predatory unionist may well feel himself frankly and gloriously in the active voice. His emotional tone may be unpleasant enough, though in the midst of anger or serene pleasure. However, the predatory unionist, like any impulsive predatory person, is not a very pleasant fellow on the whole, either taken from the inside or from the outside.

I do not know how sound these parallels between the ancient temperaments and the modern unionism types may be. Upon some such lines, however, I am convinced that we shall learn to distinguish not only the functional types of trade unionism, but also other types that function in the modern world. We are very far removed from the Average Man of the French statisticians and an Economic Man of Ricardo and his abysmal failure. The world looked for many years for statistical resemblance amongst men. We should now look for qualitative differences. If it should turn out that Hoxie has made a fundamentally accurate study of the types of trade unionism, the analytic point of view of modern psychiatry may be of considerable help in the further study of these trade unionisms. The psychiatrist may not be sure that Hippocrates and Galen were more than approximately correct in their account of the temperaments, but he may be able to add a

little here and a little there to the classical doctrine, or he may be able to overthrow the classical distinctions altogether. Upon some such analytic line shall he be able to help the world in its confrontation of many problems.

Mental Hygiene Promises Help in These Problems

It will not turn to be a matter of the Head alone, that is of a particular logical and scientific evaluation of the proposed system. It will not turn out to be a matter of the Heart alone, that is a matter of social welfare, rose-tinted or morocco-bordered by the temperaments of uplifters. It will not be a matter of the Long Arm of the law until the law, so to say, can tell its left hand from its right, can distinguish individuals one from another more than its general relations now permit. Mass psychology and mass psychiatry may be in the future of undreamed proportions and quality. We have only the minds normal and abnormal of the individual man to go upon. Can we discern in the nebulous and mobile outlines of trade unionism once more recurrent, the classical trends of temperament? If we can be sure of our analysis here, we can no doubt meet the problems of trade unionism with much more understanding and with very much more sympathy.

Mental hygiene, I venture to say, as represented both by psychiatrists and by psychologists, will make in the long run a considerable contribution to sociology. Out there we speak in terms, more of dreams than in performance, but for that matter the trade unionisms are themselves no better off in this respect, nor has the Head with its scientific management, the Heart with its welfare programme and the Long Arm of the law in its ideal of social justice, given us much more than promise.

WORK OF A PSYCHOPATHIC HOSPITAL*

BY A. G. MORPHY, B.A., M.D.

IN all civilized countries the needs of persons suffering from somatic disorders have been well provided for. Hospitals have been built and furnished with every appliance which science or ingenuity could supply. Physicians and surgeons are trained in diagnosis, pathology, treatment and prophylaxis of disease. Of the necessity of all this work there is no question. Somatic disorders are manifested by some physical discomfort or disability demanding relief, and we may safely say that our primary object is the restoration of the patient to health for his own sake.

In the case of the insane the situation is quite different. Their malady manifests itself in abnormal behaviour and the protection of society is of supreme importance, hence the system of herding the insane in asylums removed from large centres, in sequestered places where they are out of sight and out of mind—for the old proverb applies here as in other things; in asylums, a system hoary with antiquity and still encrusted with mediaevalism, notwithstanding the wonderful advances made in the bettering of asylum conditions during the past century. Let us emphasize this point that, while in somatic diseases the first and last considerations are the treatment of the patient, in insanity the dependency of the insane on public support and their behaviour towards society are the prime considerations, treatment being a secondary matter. And no wonder. The study of mental has not kept pace with that of physical disease. It is more difficult because, for one thing, the brain, the organ regulating conduct, is disordered in the insane person; hence the wish to get well which drives the patient with physical disease to place himself under conditions favourable to recovery, is apt to be lacking in the insane patient and so we lose his co-operation. Mental disease is more intangible, more elusive, and there has never been the same inducement, as far as monetary gain is concerned, for men to make it their specialty as there is in other branches of the medical profession. And we must make allowance for the fact that we are all more or less obsessed with the idea that insanity is incurable or at least that there is very little to be done for it. Hence the deplorable outcome that the treatment of the obviously insane has remained a secondary consideration in the public mind and even among ourselves, and the questions of prophylaxis against insanity, special study and treatment

*Read before the Medico-Chirugical Society, Montreal, January, 1920.

of early and curable cases, and even care and systematic following-up of cases discharged from asylums as cured or sufficiently improved to warrant their discharge, have been and still are given very little attention or entirely neglected.

With regard to the whole problem of the insane, one is almost tempted to describe the general state of mind of the public and of the medical profession as one of melancholia with delusions. But let us take courage in beholding the grey dawn of a new era lightening up this gloomy picture, dispersing the shadows one by one and giving promise of a day when we shall "see things as they are." I refer to the ever-increasing interest among our profession and many of the laity in mental disorders and defects, the devotion of many of the best brains throughout the world to their special study, a more optimistic attitude generally toward the scientific study of mental disease, and the work that is actually being done by various organizations and individuals along these lines.

This new interest has gained impetus principally from two sources: first, the formation of the National Committee for Mental Hygiene in the United States ten years ago, thanks to the work of Mr. Clifford Beers, followed by the organization of the Canadian Committee in 1918; and second, the urgent necessity created by the late war for the study and treatment of psychoses and psychoneuroses.

Binet's work in constructing practical tests for measurement of intelligence has also contributed to arousing interest in mental abnormalities by providing us with a scientific instrument of considerable accuracy.

The New Thought, after long and difficult labour, has given birth to the idea of the institution of special hospitals in which all degrees and kinds of mental abnormality could be studied from a new point of view, namely, intensive study of the patients for the sake of their disease, protection of society being a secondary although intimately associated consideration; hospitals equipped with the best possible laboratories for examination and research and staffed by qualified laboratory workers; hospitals in which physicians, psychiatrists, psychologists, social and laboratory workers would work together for the common end, the study of mental abnormality from the physical, mental and social standpoints.

It was apparent that there were numerous cases which were not taken care of by any existing institutions, neither by hospitals for the insane nor general hospitals, namely, cases of insanity in very early stages and often curable, cases of insanity of mild type and not committable, and large numbers of cases of mental abnormality not easily classified under the term "insanity," in which careful observation and investigation for a week or ten days were necessary for diagnosis.

In order to make such a scheme practicable, special legislation was indispensable, and accordingly the Commonwealth of Massachusetts

enacted the "Temporary Care Act" as preliminary to the establishment of the Boston Psychopathic Hospital. This Act provides that ē

> "The manager or superintendent of any hospital for the insane whether public or private, may, when requested by a physician, by a member of the Board of Health, or a police officer, of or by an agent of the Institutions Registration Department of the City of Boston, receive and care for in such hospital as a patient, for a period not exceeding ten days, any person who needs immediate care and treatment because of mental derangement other than delirium tremens or drunkenness."

The wisdom of making an exception of the last named cases is apparent, for, had this not been done, the Boston police would have made the psychopathic hospital a dumping ground for all their delirium tremens cases, and a number of beds would of necessity have been occupied by them to the exclusion of other cases more suitable to this type of hospital. The reports for 1917 and 1918 show, however, that numbers of these cases were admitted, and Dr. Southard, the former medical director, drew attention to the successful treatment given, namely, hydrotherapy instead of drugs, claiming that the hospital has done missionary work in this respect and hoping that other institutions will profit by it.

The Temporary Care Act enables the Boston Psychopathic Hospital to carry on its work. Not only are patients brought in through the various organizations mentioned above, but a considerable proportion come in voluntarily. The public know that the same stigma does not attach to a sojourn in a Psychopathic as in a State Hospital for the Insane, and so have less prejudice against it; and no doubt, the attitude of the medical staff towards mental abnormality, that is, looking at it rather from a medical than from a legal point of view, begets confidence.

A brief survey of the work done by the Boston Psychopathic during the few years of its existence will enable us to judge whether it has justified its foundation and continuance.

Its capacity is 110 beds. During the six years ending September 30th, 1918, there were over 11,000 admissions to the wards. Of these, 9,000 were temporary care cases of whom 2,250 were brought in by the police. In this last group of cases dementia praecox, alcoholic psychoses and mental deficiency predominate. The number of voluntary admissions is surprising, almost 2,000, an evidence of the confidence of the public in this hospital. An important feature is also the number sent in by the criminal courts for examination pending their trial, seventy-one cases.

Of the total number of cases admitted during these six years, 4,500 were subsequently committed as insane, and 6,500 were returned to the

community as not requiring hospital care or treatment. Of the psychotic cases, 52 per cent. required commitment, and the remainder were d s-charged. Let us note carefully, then, that an average of 614 cases per year were discharged as insane but not requiring hospital treatment. These figures prove that there are a considerable number of insane persons in the community whose malady is such that they do not require to be sent to hospitals for the insane, and compel us to conclude that there are very numerous cases in which observation during a period of ten days or thereabouts is necessary in order to determine whether they are commitable or not.

It is to be most clearly explained that a psychopathic hospital is only in a very limited sense a reception ward for commitable cases, at least in the State of Massachusetts, for in that state the state hospitals have their own reception wards into which the patients are admitted for observation pending commitment, and it is the policy of the probate courts to commit the obviously insane directly to the state hospitals. Consequently the psychopathic hospital is concerned with the cases whose ultimate disposition is uncertain and needs to be determined, and herein lies one of its principal functions, which no other type of hospital can fulfill.

In order to form an idea of the variety of cases admitted and the relation of the different classes to one another as regards numbers, let us now consider the statistics of admissions for the year 1918. Under the title "Provisional Diagnosis in Temporary Care Cases", we note the following:

Traumatic psychoses	3
Senile psychoses	32
Psychoses with cerebral arterio-sclerosis	54
General paresis	124
Psychoses with cerebral syphilis	23
Psychoses with other brain and nervous diseases	19
Alcoholic psychoses	115
Psychoses with somatic diseases	33
Manic depressive psychoses	169
Involutionary melancholia	13
Dementia praecox	436
Paranoia and paranoid conditions	44
Epileptic psychoses	30
Psychoneuroses and neuroses	45
Undiagnosed psychoses	12
Not insane	339
No diagnosis (removed 2nd day)	29
Total	1,540

Of the not insane cases, 111 were cases of constitutional psychopathic inferiority, 84 of mental deficiency, 32 of epilepsy, 27 of alcoholism, and the remainder were cases of organic nervous diseases such as are found in the wards of general hospitals.

These records show how far removed a psychopathic hospital is from being merely a receiving ward for a hospital for the insane. The large proportion of psychoses is notable, and yet in the great majority of these cases there was reasonable doubt at the time of admission as to the existence, kind, and degree of psychosis, and the same remark pertains to the non-psychotic cases with regard to the nature of their malady.

Those who have been in general practice for a number of years can testify as to the difficulty often experienced in making a diagnosis of mental abnormality, in the unmistakably psychotic cases whether the patient is legally commitable or not, and in the doubtful cases whether the patient is insane at all and what is the nature or cause of the mental abnormality. As matters stand at present in this Province our means of settling these questions are very limited. After completing our physical examination we are often still in doubt as to the mental condition, and are fain to call in a psychiatrist for an opinion. And then, at what disadvantage the latter works. He has no opportunity for repeated observation, a very essential thing in mental cases, as their mental state is apt to vary from time to time, and he is often deprived of the benefit of special tests which would be made as a matter of routine in a psychopathic hospital, notably lumbar puncture and psychometric test. He is in consequence obliged to make the best of the circumstances and give an opinion based on what he has been able to find out from his own observation and that of the attending doctor and the friends. It is needless to multiply instances in which the general practitioner may be in doubt as to the diagnosis of his patient's mental state, but a few might be cited, such as cases of dementia praecox or manic depressive insanity resembling hysteria or other psychoneuroses, cases of epilepsy with automatism or dream states resembling psychoses, even the delirium of typhoid or other febrile states mistaken for insanity, cases of cerebral syphilis in which psychotic symptoms are so prominent that the organic condition is apt to be overlooked, alcoholic psychoses such as hallucinosis, or Korsakoff's syndrome in which history of alcohol is either not given nor not suspected, cases of constitutional psychopathic inferiority with or without psychosis, some of which are difficult of diagnosis, cases of conduct disorder in which the simple type of dementia praecox, constitutional inferiority and mental deficiency must be eliminated before a conclusion can be reached, and so on, almost *ad infinitum*.

The general practitioner in this province is often in a dilemma as

to what to advise for these doubtful cases. It is always a serious matter to certify a patient as insane and commitable, especially if one has a shadow of doubt as to his diagnosis, and some hesitation is inevitable. On the other hand, if one is really in doubt as to the question of insanity, perhaps rather inclined against it, and if the patient is restless and perhaps noisy, where is one to send him? General hospitals do not like to admit patients of this type, and there is no half-way house between the general hospital and the asylum. That is just where the psychopathic hospital comes in. Its function is to take care of cases in which a decision has to be reached as to a patient's destiny. Is he to be sent to an asylum, to a general hospital, to an institution for the feeble-minded, or a reformatory, or a jail, or to a home for the aged, or to a sanatorium for tuberculosis, or to a private sanatorium or nursing home, or to be returned to his friends? In this the psychopathic hospital is unique; it does not replace any other existing institution. Accessibility is a vital factor of its existence. It must of necessity be in the centre of things, not removed to a secluded spot like a hospital for the insane. It is the centre of a co-operative system consisting of general hospitals whose specialists are called in for consultation, of social workers who are in touch with the public through the various Social Agencies found in a large city, of all the associations connected with the proximity of numerous colleges and hospitals, of its own visiting staff who attend the out-door department, of the laboratory research work being carried on under the commission on mental diseases, and last but by no means least, the police. The conclusion that this accessibility and co-operation work together for the good of the patients and for the advancement of science is so inevitable that it hardly needs to be mentioned. And what place or institution could be better suited to teaching students the rudiments of mental disease? I use the word rudiment advisedly, for it is well known that mental disease takes a very secondary place to physical in our curriculum. The great variety of cases is an advantage. The marked and distinct types of insanity can be seen, the early and incipient cases, and the cases included under the term psychopathic, such as feeble-minded, constitutionally inferior, and so on. In addition this study would be conducted in a hospital devoted to the study of mental disease from a scientific standpoint, with the advantage of the co-operation of neighbouring general hospitals. It would be hard to over-estimate the value of such educational opportunities to any university in which students are taught medicine, and it is very much to be regretted that such an institution is lacking in this large city.

The work conducted in the Boston Psychopathic Hospital is a marvel of co-operation. Psychiatry combined with medical examination, laboratory work, social service and psychology, this is the underlying

idea. One portion of this dynamic force is useless without the others, and the whole constitutes what might be termed a fighting unit.

The following points of routine practice may be of interest. When a patient is admitted, notes are taken by the Admitting Officer. Once admitted, the patient is given a brief examination by the interne to whom he has been allotted, and is visited by the staff on morning rounds (8.10 a.m.) for inspection, a few questions, and sight diagnosis. His blood is taken for Wasserman test by an interne whose special duty is to do this, and his urine is examined as a matter of routine in the laboratory. The interne who has the case must then make a complete physical and mental examination, following accurately a printed schedule. He must also put in a requisition for lumbar puncture, unless there is some decided contra indication to the same, and for psychometric test (made by the psychologist), and he must get reports obtained from patient's relatives or friends by the social service worker whose special business it is to get them, or in case no one comes to see the patient, to communicate with the patient's friends or relatives by having a soical worker go and find them in order to get the required information. The interne must have his case report complete on the fifth day to present to the staff on staff rounds, giving diagnosis and reasons for same. The chief medical officer is sure to ask questions, often disagrees with the diagnosis offered, questions the patient himself, and then asks the opinion of each member of the staff in turn about the case. It is beyond question that the prosspect of being criticized, perhaps severely, has a wonderful influence upon the care, thoroughness and accuracy of one's work, and that the discussion of each case is very beneficial to the staff. The interne must also make daily notes on his patient during his stay in the hospital, and profits by having the opinions of the staff and the chief on the progress of the patient. As each interne has on an average one new case per day, he is naturally a busy man or woman. That inevitable fifth day is always before his mental vision.

A final diagnosis of each case is made by the Discharge Board at the time of the patient's discharge, and the disposition of the patient is also decided.

The following cases may be of interest, as giving examples of the different types of cases:

J. V., Italian, age 20, epileptic, deteriorated. Conduct disorder at home. Says people held him too tight, and he wanted to kill his mother. Mental age 5 years, graded irregularly. Insane, dangerous, committable.

S. B., male, age 20, Weak in childhood, never played, introspective, got on fairly at school, but was hindered by poor health. Four years ago became more seclusive. Lately has been apprehensive. Range of

ideas is very narrow, is very religious, quite accessible. Says that God talks to him, but has no definite hallucinations. Diagnosis probably dementia simplex. Schizo-phrenia not pronounced. Says he used to have depressed periods, and is interested in history and biology.

David X.—Says he feels fine and has no trouble with any one. Oriented, no memory impairment, no drugs. Began to have ideas of reference two years ago. Thought that he was being watched (possibly true) and got ideas of his food being poisoned, and of some definite force working against him. Diagnosis, paranoid condition. In paranoid praecox the symptoms would probably have appeared sooner.

J. R.—Trouble with his wife, refused to support her. Suspicious of her. Arrested. Not alcoholic. No hallucinations. Emotional condition, indifferent. Does not worry about anything. Praecox, with some doubt.

Francisco X., Italian. Some hallucinations and delusions. Says that pains in his stomach are the same as the pains he had from eating poisoned mushrooms, and that there was poison in the bed to cause the pains. Very slight memory defect, oriented. Had lues 8 years ago. Pupils are stiff, knee jerks absent—spinal fluid shows 192 cells. Paresis, tabetic type.

Pearl B., married. First husband killed himself. Patient was a prostitute, spent some time in reformatory, has been married three times. Went with present husband to hospital where her child was, and when doctor refused to discharge child, became very violent, and slapped her husband's face. Police were sent for and brought her to Psychopathic Hospital. Examination: is not worried over present state of affairs, rather cheerful, attractive in appearance and manner. Psycho metric, 10 years. Diagnosis: moron with criminalistic tendencies.

H. B., aged 62. Came into hospital dazed and disoriented. Later consciousness became clearer. Oriented for personality, not for time. Memory very defective. Fills in gaps with confabulation. Has dizzy spells, having fallen in the street several times. Alcoholism admitted. Began to deteriorate two years ago. Diagnosis cerebral arteriosclerosis —Korsakoff?

T. C., labourer, age 38. History of D. T.'s Admits having drunk heavily since the age of 20. At present has delusion that eyes are fixed in his head so that he cannot move them. Emotional tone somewhat blunted. Diagnosis of alcoholic deterioration offered, but chief medical officer remarks that this type of delusion is infrequent in alcoholic deterioration, *i.e.*, a kinaesthetic delusion, and that in these cases the tone is humoristic-emotional. Patient's delusion and indifferent tone suggest dementia praecox.

Jane J. F., aged 74. Had slight stroke 10 years ago. Walks about all night, half dressed. Says she is 55, and this is the year 1865, and that we have not had a Sunday for two weeks. Is confused, somnolent, disoreinted suggestible. Diagnosis, presbyphrenia, confabulatory type.

Alice B., aged 22, brought in by the police, having been found in a doorway. Says the sun faded away yesterday. Dementia praecox.

Addie L., aged 47. Married at 28. Had nervous breakdown at this time, lasting six weeks, but was cured by marriage. Perfectly happy. Divorced husband, seven years later married again. Second husband used to drink and abuse her. Left him and went to work. Last October had influenza and got frightened about stories she heard about it. Got very nervous. Began to have obsessive thoughts, but no marked depression. Had peculiar feeling in head when reading, and spasm of neck muscles. Diagnosis, hysteria or psychasthenia? Suggestibility is in favour of the former, and contraction of neck muscles, if really a tic, is in favour of latter.

Esther B., aged 20, had meningitis at four years. Graduated from High school at 19 with honours. Has always been delicate. Lately has lost much weight, has visceroptosis, pain after meals. Thought of committing suicide. Went out to pond, but as water was dirty, decided not to do so. Doctor thinks she is rather apathetic about her illness. Diagnosis, natural reaction to depressed condition of health.

James H., aged 31, brought in by the police. Charged with annoying a girl by proposing to her. Was scattering flowers along the street in honour of the approaching marriage ceremony. Had bought ring and marriage license and published intentions, but girl knew nothing about it. Dementia praecox.

The outdoor department of the Boston Psychopathic is a large psychiatric clinic. Social service and psychology are indispensable elements of its function. Cases are followed up in a systematic method. A large number of the patients are patients discharged from the hospitals whom the outdoor look after. Numerous patients are sent by various organizations. In fact it may be said truthfully that a psychopathic hospital, indoor and outdoor, is a kind of last resort for socially difficult cases which other societies, hospitals and organizations have found it difficult or impossible to deal with.

A notable feature of the work done by the outdoor department is that of investigating the families of syphilitic patients, and persuading them to submit to tests and to treatment when indicated. Much good has been done in the way of treatment, and many valuable data has been gathered with regard to juvenile paresis and tabes and congenital syphilis. This work is prophylatic, as well as curative. Nearly 20 per cent. of all patients admitted to state institutions are syphilitic, though

not all of these have paresis, and not all are mentally diseased because of syphilis. An interesting record in this connection is that of 300 untreated cases recently reviewed only five were capable of self-support, while among 200 treated cases fifty were capable of self-support. It is also pertinent to remark here that patients are attracted to a psychopathic hospital at earlier stages of the malady than those going to hospitals for the insane, and are consequently more curable. This is undoubtedly a field in which a psychopathic hospital with its highly efficient organization can do very valuable work, preventive as well as curative, of which the results may not be apparent for a long time, but may ultimately make a perceptible difference in the number of cases of insanity due to syphilis admitted to hsopitals for the insane.

The outdoor department, with its medical social and psychological services, forms a unit somewhat separate from the hospital as a whole, and it is satisfactory to find by experience that an effective psychiatric clinic may be operated in connection with a general hospital. And there is no reason why such a psychiatric clinic should not do as good work as that connected with a psychopathic hospital, provided that it is well organized in all its departments and the workers are qualified and devoted. The problems of the neuroses, the psychoneuroses, the borderline cases, the feeble-minded, and the mild and incipient cases of insanity, are the special case of a psychiatric clinic.

SUMMARY

FUNCTIONS ARE

1. To admit cases of mental abnormality of any kind for observation and diagnosis.
2. Brief treatment of incipient psychoses.
3. In the Province of Quebec as emergency hospital for commitable cases.
4. Intensive study of mental disease.
5, To advise social agencies about difficult cases.
6. Community and individual work through the social workers (syphilis, feeble-mindedness, delinquency, etc.).
7. Teaching and research.
8. Centre for mental health work and intensive study of social problems.

THE WORK OF THE MANITOBA PSYCHOPATHIC HOSPITAL

BY A. T MATHERS, M.D.

Director

Manitoba Psychopathic Hospital

BEFORE giving you a brief account of the work of the Manitoba Psychopathic Hospital, I have thought that a review of the role of Psychopathic Hospitals in general might prove timely and of interest. Such institutions represent an attempt to bring to the investigation and care of cases of mental disorder, the maximum efforts of present day scientific medicine. The argument for their existence like that of hospitals generally rests upon a tripod of objectives. The main object of existence of any hospital is the humane and efficient care of the sick. Scarcely less important objectives are education and research or at least an attempt to correlate and expand the existing knowledge of disease.

We know that the modern idea of treatment includes not only the provision of material care and comforts, not only the careful and thoughtful overhauling of each patient, but also includes a reaching out into the world from whence the patient came to discover, if possible, through what fault of individual or society at large we find our patient as he is. By this means new light is being thrown upon the genesis of disease, be it physical or mental. The four walls of the hospital do not limit its activities. They can never again be an obstacle to that shuttle—*social service*—that constantly works back and forth between the hospital and its community. And if the hospital where the results of accidents, fatigue, infection, etc., finds its activities in no small part extramural how much more must this be true for the hospital where the results of maladjustment, bad heredity, etc., are cared for. The Psychopathic Hospital is the centre of a circle, the circumference of which is coterminus with the boundaries of the community itself.

It is the purpose of the Psychopathic Hospital to receive all types of psychoses and many psychoneuroses, misfits and cases of maladjustment generally. The actual psychoses that give promise of yielding to treatment in a short time are kept in every case possible. The institution is by no means a clearing house only. Aggravated psychoses and those promising long duration are passed on out of the Psychopathic Hospital since it is felt that these are rightly material for the Provincial hospitals. Some phases of manic depressive psychosis, some cases of Dementia

Praecox, most cases of toxic or infectious origin can be kept during the whole course of the episode.

The psycho-neurotics form an exceedingly interesting group that in many cases well repay careful investigation and thought. Numbers of life's misfits, cases of consistently bad luck in all ventures, etc., drift into the hospital often enough voluntarily, and one feels that in many instances they are helped. The set reactions and methods of thinking of adult life are, however, often the bar to permanent readjustment. The occasional good result makes all effort worth while.

Next to the care and treatment of patients, the teaching of medical students and pupil nurses is a most important function. The teaching of psychiatry has only of late shown a tendency to an approach to its rightful position in courses of medical instruction. The hospital gives an opportunity to students and nurses to come into close contact with cases of mental disorder and to have demonstrations of methods of investigation and care. Not only do these students in this way become somewhat acquainted with the manifestation of abnormal mentality, but the work seems to broaden their outlook upon disease generally and to bring into their future calculations that intangible thing, personality. It seems to me that all teaching has been too much interested in solid "pathology." Few students or nurses consider the given case as anything but physical disease that runs more or less true to text book form. But we know that in all probability the greatest and perhaps the only distinguishing mark of the physician or nurse with a reputation for results is that an adequate recognition of the influence of personality, both their own and the patient, has been attained. To some, we know, this seems to come instinctively; in others it is the result of a slow unfolding, attained perhaps only after much discouragement. If, then, the Psychopathic Clinic can bring to students an appreciation of this one factor in the distresses of the world, it has already gone a long way toward a justification of its existence.

The hospital is a factor, too, in altering the attitude of the public toward mental disorder. The influence of glimpses of clean hospital wards, the hydrotherapy and occupational departments on patient's friends is great. Mental disease, in this way, often comes to occupy in their minds a position closely akin to that held by physical disease. And this is as it should be. We believe that one of our best pieces of propaganda is the allowing of friends to visit patients in their wards and not in a special reception room.

But the teaching function is not confined to students, nurses and the public. The staff doing their work as they should are constantly under instruction. They see the many instances of well-defined symptom complexes but they are always being given ample opportunity for

picking out and thinking over entirely unexpected, and, one might say, unhearted syndromes. The Psychopathic Hospital, with its kaleidoscopic train of patients, does not tolerate well the presence of a staff of medical men and nurses who feel that their education is complete.

The avenues for research are many; one has many choices. Work in the pathological histology of mental disease is but in its infancy. Alzheimer, Nissel, Southard, Barrett, have but blazed the beginning of the trail that leads into an unexplored wilderness. It has always seemed to me that the field of psychotic manifestations accompanying somatic disease must be a veritable treasure house had we but the magic means of entering.

Research in the social field is another avenue for effort. We know so little regarding the influence of abnormalities of personality in society generally. But what we do know promises much. In this day of quivering, and perhaps crumbling social structures we look about us with a fearfulness hidden under the outward trappings of equanimity for the solution of the great riddle of social justice and standards. Work in schools, courts, among charitable agencies, and in fact the daily experience of each of us leaves no ground for the denial of human inequality, and yet we have drifted along, maybe to the verge of ruin, where our cherished social traditions and structures have trembled under the onslaught of mass action cunningly set in motion by irresponsible and unstable minds. Shall we even think of a choice where such a field for research lies fallow? Is it a matter of choice or is it a demand based upon unrelenting necessity?

So much then for our brief survey of the role of Mental Hygiene in general and of Psychopathic Hospitals in particular.

May I ask your indulgence while I tell you something of our work in Manitoba. The Manitoba Psychopathic Hospital forms the centre of the provincial system and was built and is maintained by the Government of the Province. It stands in close relationship to the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless, of all concerned. The building itself is a long way from being a perfect structure and illustrates in a very tangible way the result of poor understanding by architects of the work and function of such an institution.

Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary committment on order of the magistrate. The third method is one very seldom employed now, the great majority of the patients being either voluntary or general admission cases.

To date there have been two hundred and fifty admissions since the hospital opened during the last days of October, 1919.

During their stay in hospital, which has averaged twenty-nine days, the patients are gone over as carefully as possible, both physically and mentally when all laboratory examinations relative to the case are made, and when it is felt that a fair idea of the generalities has been attained, the patient is started on whatever treatment we feel may help. The usual general hygienic measures and hydrotherapy are routine. We look upon occupational work as of very great value not only because of its diversional powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor response, comes by its growing orderly arrangement to indicate a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

Records are done in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding symptom. In our classification we follow as closely as possible the Statistical Manual of the American Medico Psychological Association and the National Committee.

Our classification of the first one hundred and fifty cases was as follows:

Dementia Praecox	35
Psychosis with Somatic disease	17
Not Insane	16
Manic Depressive Psychosis	12
Constitutional Psychopathic Inferiority	12
Neuro Syphilis including G.P	10
Feeble-mindedness	9
Involution Melancholia	9
Senile Psychoses	7
Paranoid Conditions	6
Alcoholic Psychoses	5
Not diagnosed	4
Epilepsy	3
Drug Addiction	2
Chorea	2
Parosmia	1

Thirty-seven per cent. of the cases were committed to Provincial

Hospitals. Five per cent. died, but in all except one case these were instances of somatic disease. The remainder of the patients went home and, according to our follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The classification by committments shows that:

80% of the Manic Depressive Psychosis were committed
71% of the Senile cases
69% of the Dementia Praecox
66% of the Involution Melancholia
60% of the General Paresis
44% of the Feeble-minded
33% of the Paranoid Conditions
6% of the Psychosis with Somatic Disease.

Something over three hundred and eighty examinations have been made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental defect being one of the genetic factors.

A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination.

We have so far had very limited opportunities to do work in the schools but we are looking forward to the time when this very important work will get the attention it deserves. It seems to us that all Mental Hygiene effort should be centralized, and although we of the Psychopathic may not actually do the detail work, we are anxious to keep it under our supervision, thus in one more way binding ourselves to the community at large.

One feels a very definite personal opposition to statements of intentions and aims. No doubt Lord Fisher's motto, "deeds not words", is the correct principle. All that we can say is to repeat Southard's summing up of the aims of mental hygiene. They include all that we shall be permitted to do, all that we could ever do. "To stem the tide of syphilis, to wage war on alcohol, to counsel against marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defects out of general school classes, to open out the shut-in personality, to ventilate sex questions, to perturb and at the same time reassure the interested public. These are infinitives that belong perhaps in a rational movement for mental hygiene. They are things the past has taught us more or less clearly to do and in that sense the movement for mental hygiene is surely not much more than the elaboration of the obvious".

SURVEY OF THE TORONTO PUBLIC SCHOOLS

ERIC KENT CLARKE, M.B.
Psychiatrist, Dept. of Public Health, City of Toronto

DURING the autumn and winter school terms of 1919-1920, as School Psychiatrist under the Department of Public Health, City of Toronto, I have made a survey of thirty-eight Public Schools throughout the city, representing a school population of 32,347 pupils. These schools were not selected, but were chosen in rotation in answer to requests for surveys received from the principals of the various schools of the city. It is by no means a complete survey of the city, which has some eighty-seven Public Schools, not including the Separate Catholic Schools. As these schools are widely scattered, however, I feel that the report would be of interest to students of mental abnormality, as it gives a fair estimate of what the conditions will prove to be when a full report is completed.

On the total of all the schools surveyed 1.66% of the total school population was found to be mentally defective. In individual schools the percentage was found to vary from .32% to as high as 6%. In two schools the percentage ran as high as 8% and 16% respectively. These schools were not regarded as fair examples of the Public Schools, being in connection with the Boys' Home and the Girls' Home.

The subnormal pupils were found in the various class-rooms of the schools, the great majority coming from the Jr. I, Sr. I, and Jr. II grades, a few in Sr. II, and an occasional one in Jr. III. In the cases found in Sr. II and Jr. III grades it was discovered that the children were there on account of their physical size, rather than mental capabilities.

Practically all these pupils were reported upon by the teacher as being over-age for their grade, slow and dull in class work, and in many instances chronic truants, troublesome, and hard to manage. Through their inability to assimilate knowledge imparted to the other children, their lack of attention and application, they played an important role in holding back the general progress of the class work. The fact that these children were over-age and over-size added to the difficulty of handling them under the prevailing conditions.

Many were repeaters in the grade, and had become discouraged by seeing smaller pupils come in from lower forms and pass on to higher ones, while they stayed on, covering the same ground again and again.

As the classes ranged from 45 to 55 pupils there was little opportunity for the teachers to devote individual attention to these unfortunates. Where it was possible to devote special attention the response was in many instances worthy of the effort.

To give a brief analysis of the schools surveyed names will be suppressed, giving a brief description of the school instead.

Type of School	*Pupils*	*Defectives*	%
(1) Foreign (Jewish, Italian, etc.). Canadian district. Middle class. Mechanics, shop owners, etc	800	8	1
(2) British. Labouring. Poor district	870	27	3.1
(3) Foreign. Downtown school	978	24	2.45
(4) Canadian. Skilled mechanics, etc	1,253	4	.32
(5) Canadian. Skilled mechanics	669	8	1.2
(6) Foreign. (Downtown poor district)	554	13	2.34
(7) Canadian. Labouring type	1,126	17	1.54
(8) Canadian. Better class mechanics, etc	1,433	14	1
(9) British. Canadian. Labourers and skilled mechanics	1,065	21	2
(10) British. Labourers. Downtown. Poor	339	20	6
(11) Canadian. British. Middle class. Skilled labourers. Mechanics	690	14	2
(12) British. Canadian. Poor labourers	1,335	24	1.80
(13) Foreign. Labourer	410	9	2
(14) British. Foreign. Labourers. Poor	400	12	3
(15) Canadian. Skilled labourers and mechanics	1,000	23	2 3
(16) Canadian. British. Downtown district. Poor labourers	1,030	17	1.65
(17) British. Canadian. Skilled labourers. Outlying district	700	8	1.1
(18) Foreign. Canadian. Poor	952	17	1.77
(19) Canadian. Outlying district. Middle class	500	8	1.6
(20) Canadian. Good residential district	1,200	9	.75
(21) Canadian. British. Labourers	862	29	3.36
(22) Canadian. Fair residential district	1,350	17	1.26
(23) Poor. Foreign district. Chiefly senior grades in schools	460	6	1.30
(24) Canadian. Good residential district	492	4	.81
(25) Canadian. Fair residential district	505	10	1.94
(26) Foreign. Poor labourer district	271	10	3.70
(27) Orphanage School	101	4	4
(28) Canadian. Foreign. Poor	750	10	1.33
(29) Canadian. Fair residential district	879	6	.68
(30) Boys' Home. Children mentally examined prior to admission	50	4	8
(31) Girls' Home. Children not inspected	51	8	16
(32) British. Canadian. Poor residential district	1,051	14	1.33
(33) Canadian. British. Fair residential district	159	1	.63
(34) Foreign. Poor labourers	1,741	26	1.49
(35) Canadian. Poor residential district	931	20	2.15

Type of School	*Pupils*	*Defectives*	%
(36) British. Poor residential district	1,335	19	1.39
(37) Canadian. British. Poor and middle class residential district	1,075	21	1.95
(38) Foreign. Downtown. Very poor residential district	450	22	4.88

By analyzing this report one sees that of the 538 children found to be subnormal, 357 of them came from poor districts, chiefly downtown "slum" districts. Here the home conditions in many cases were found to be anything but desirable—two to seven families living in small, overcrowded quarters. Also the juvenile delinquency problem was a larger one here as the children were prone to play on the streets, due to lack of playgrounds and so forth. There are playgrounds here, but not in sufficient number—the streets proved to be more alluring. Of the 538 subnormal children found, 215 were found to have an Intelligence Quotient of 75-71%, while 323 were 70% or under.

Not included in the above number, 59 psychopathic children were detected, and in 83 families more than one mental defective was found. In nearly all of the schools, well-organized "gangs" were discovered, the ranks all having a goodly number of mentally defective children in them.

Truancy was a constant factor in all schools amongst these subnormals—chiefly for two reasons: (1) Lack of interest in scholastic things, resulting in loss of attention and restlessness. (2) Lack of will-power—leading to a ready response to suggestion.

In a similar manner tales of immorality were heard in many of the schools visited. In the majority of these instances the immorality could not be definitely proven but was "suspected"; the suspicions being based on firm ground. Here again, the unfortunate mental defective was found to be the real instigator of wrong-doing, due to want of home training, lack of will, faulty judgment, and general in- capacity.

At the time this survey was made three classes for "backward" children were in progress in the city. These classes were primarily promotion classes. Investigation revealed, however, that the classes were filled with mental defectives, of a low order, in fact one room alone harboured five imbeciles suitable for institutional care. In this way these classes, which were doing excellent work under adverse conditions, rather defeated their purpose, as the children were in no way suitable for promotion, but rather for industrial classes. It was recommended that industrial classes be substituted and this was subsequently done in two of the three schools. The "Ungraded Class for Backward Children" was kept going, to be used for "catch-up" work, and another class organized as well for definitely subnormal cases.

Further recommendations were also made to the Board of Education for the establishment of 22 more industrial classes throughout the city. Of this 15 were recommended for large schools, where a sufficient number of children were found to fill a class and an overflow to act as a constant source of refill. The remaining seven were to be used as common classrooms, between two schools. This was done for several reasons: (1) Where two adjacent large schools did not have a sufficient number of children in each to fill and maintain a class; (2) to link up a small six or seven room school with an adjoining large one; (3) to be a common room for three small schools in the same district.

The schools where this latter arrangement was suggested were all close together, and so the increased distance for the pupils to go was of but little consideration.

The schools belonging to the Orphanage and Boys' and Girls' Homes cannot be taken as fair samples of the public schools. These children were placed here for various reasons, and constituted a definite problem of their own. At the present moment the need for classes in other schools is so urgent; no immediate action was suggested on account of the frequent change in school population.

In making this report I wish to thank Dr. Hastings, Chief Medical Health Officer of the City of Toronto, under whose Department this survey was carried on and whose permission was given to make this report public, Mr. R. H. Cowley, Chief Inspector of Schools, whose co-operation made the work much more easy; Miss E. de V. Clarke who assisted me in the work at schools and homes, and to one and all the principals and teachers of the schools visited.

The Board of Education have the matter of establishing the industrial classes under consideration, and it is to be hoped that by the opening of the autumn term many, if not all, of these unfortunate subnormal pupils will be received in a room where work will be provided that will interest them, and advance their education along lines not heretofore attempted in Toronto.

It is hoped that eventually a Central Clinic or Clinics may be established. These will aid the work materially and enable the Psychiatric Department to make an intensive study of each mentally handicapped child discovered in the various schools. Possibly this is one of the most important problems to be considered as without such an aid the results are apt to be haphazard.

AN EXPERIMENT IN GRADING CHILDREN*

BY ELISABETH A. IRWIN
Psychologist, Public Education Association

The Plan of the Experiment

THE experiment in grading children, in Public School 64, Manhattan, has now reached the end of its third year.

The relation of the many aspects of the work that have evolved from time to time will be more clearly understood if the progress of the experiment is traced from its original outline.

The original plan was to test psychologically and physically every child who enters school, and on the basis of these findings, to classify them in tentative groups for purposes of teaching. By this means it was hoped eventually to know the human material in a school of 3,200 children in such a way that no talent, no defect, no individual need would go un-noted. Each entering class in a school of such size contains from 100 to 200 six-year-old children. In addition to these each term brings new children into the grades already studied and classified. The first seven grades, from 1A to 4A inclusive, in P.S. 64, including thirty classes and about 1,000 children, have thus far been classified. From this sorting have come, as was anticipated, the following types of classes:

I. Terman classes, for very superior and gifted children. A special enriched curriculum is provided which obviates the skipping of grades by bright children. These comprise 4 classes with registers of 25 each.

II. Slightly above the average classes, for children able to do about the same work but a little more intensively than the average and occasionally to make an extra term. These comprise 7 classes with registers of from 30 to 40 each.

III. Average classes, for children mentally and physically normal. These comprise 7 classes with registers of about 40 each.

IV. Slightly below the average classes, for slower children, who are not definitely backward. These classes exist only where the grades are large enough in number for three regular groups. Not all grades have them, therefore there are at present but 2 classes, with registers of 40 each.

V. Opportunity classes, for children definitely backward but not mental defectives. This group is most in need of a special curriculum. A beginning has hardly been made in handling them. The registers are smaller than in the average classes. The register does not exceed 30, and especially patient teachers have been assigned. There are at present 3 classes of this character.

---

*Reprinted from The Public and The Schools, May, 1920.

VI. OBSERVATION UNGRADED CLASSES, for children much below the average in mentality or in response to school demands. Some of them are actually mental defectives. Others return to the regular grades after a term or so of observation, special care, medical attention and individual teaching. There are now 5 classes with registers of 15 each.

VII. NUTRITION CLASSES, for children who are underweight and need special physical attention. Health is made the centre of the curriculum. Home visits and mothers' classes are used to get necessary attention to construct health habits. There is now but 1 class with a register of 40.

VIII. NEUROTIC CLASSES, for children who are not mental defectives, but behaviour problems, temperamentally peculiar, or in need of a period of study and adjustment. There is now but 1 class with a register of 10 or 12.

Previous to this experiment none of the types of classes above outlined existed. Now, at the end of each term in P.S. 64, a tentative classification of all children six years old is made on this basis, and changes are subsequently made from term to term growing out of the experience and recommendations of the teachers and the results of observations freely exchanged between classes. The actual changes in the upper grades amount to between three and five per cent., and, although they are important for the individual child, they do not, in general, alter the original grouping very much.

Once this classification has been made it is possible to undertake different kinds of experiments in content and method with a knowledge of the human material with which the school must work.

These special experiments have been organized in P.S. 64 because of the appreciation of the necessity for a careful study of the nature and mental capacity of the children before beginning to educate them. It is not at all surprising that more problems have been revealed than could possibly be solved by the existing staff. It has, therefore, been necessary from time to time to invite properly equipped individuals and organizations to come in and assist. The amount of such co-operation enlisted during these three years as a result of these experiments and at the invitation of the Public Education Association has been so great that it will give a better idea of the whole work to outline it briefly, than to describe at length a few special features of it only.

PSYCHOLOGICAL AND PSYCHIATRIC WORK

As many as 20 students from Teachers College and Columbia University have done psychological testing and research work in connection with the grading experiment. Dr. Hollingworth and Professor Woodworth, in particular, have sent advanced students of good training and ability. The amount of assistance given by these students in the aggregate amounts practically to the full-time work of one person for between one and two years. Two of the students have become so interested this year that they have obtained New York City teachers'

licenses and are hoping to remain at Public School 64 to work on class-room problems.

Dr. Leonard Blumgart, psychiatrist of the Mental Hygiene Committee of the State Charities Aid Association, has held a series of clinics at the school and rendered valuable assistance in selecting children for the neurotic class and in planning its curriculum.

Dr. George M. Parker is giving his services two mornings every week for clinical work at the school. One of these mornings is given to problem cases brought by the visiting teacher, the psychologist or the class teachers. The other morning is spent in the study of the emotional trend of children, in the hope of offering to the school suggestions for the modification or extension of the curriculum in response to certain universal needs of children which the present school courses are not attempting to meet. Mr. Louis Marks, the principal of the school, is especially interested in this work and frequently spends a morning with the psychiatrist in this study.

Class-Room Experiments

The most important experiment in connection with actual modification of the curriculum is that which is being undertaken by Mrs. Marietta Johnson of the School of Organic Education, Fairhope, Alabama. Mrs. Johnson has raised her own budget and provided her own equipment and supplies as well as the salary of a specially trained teacher. This experiment is being tried with the children slightly above the average, classified above in Group II.

Several of the regular teachers have also undertaken experiments on their own initiative with this same type of child. In the traditional school the temptation has too often been to have the child do an extra term of work rather than to modify or amplify what is usually covered. Under this experimental treatment, however, the old idea of skipping children is changed to that of letting whole groups of such children do more than a term's work by enriching and deepening the content.

The work for children whose great need is for help rather than for great accomplishment, also calls for material modification of the curriculum. While a beginning has already been made for these children, much yet remains to be done for them. Accordingly the classes for slow children, who are included above in Group IV, will receive close attention next. The principal is already elaborating the plans for this group next year.

Social Co-operation

The Boys' Club: Avenue A and 10th Street, has co-operated with the visiting teacher on problem cases, and its work with individuals has

been almost immeasurable. Were it not for this chance for gymnasium, club work, summer outings and personal attention to special cases, fully half of the recommendations of the psychiatrist would be impossible to carry out. So many school problems are solved by proper after-school activities.

The Christodora House has also co-operated with the school in a remarkable way by enlarging the scope of the experiment during school hours. For a whole year it has lent its beautiful music room for special classes in music, and has allowed the use of its smaller rooms for tutoring, testing, and numberless small undertakings for which the school building is too crowded. The Christodora House has also done very extensive summer work for individual children and one season took care of all the children from the nutrition experiment for the whole summer. It has, in addition, a Boy Scout group which has taken a number of boys recommended by the school and handled their problems.

The Children's Aid Society has been most generous in lending its building just around the corner for special types of work.

The Local Branch of the New York City Public Library has also done special work with the classes for gifted children.

Art and Music

The Neighbourhood Art School of Greenwich House, although in a different part of the city, has given two teachers for a year and a half to work with the gifted children, in the Terman group. This work is very much more extensive than anything of the kind undertaken by the regular school department and has offered a chance to develop creative ability in modelling and colour work.

Mrs. Harriet Ayres Seymour's Music School, for one year, contributed the services of one of its best teachers to work with the gifted children. This help was most exceptional. Unfortunately, it has to be discontinued this year for lack of financial support, but its spirit has been carried on by one of the regular teachers in P.S. 64, who was herself one of Mrs. Seymour's pupils. It is hoped that this work will be started again, as it means so much to the school, not only because of its demonstration of a particular method of teaching music, but also because of its contribution to the special training of individual children.

Health Work

The Board of Health Eye Clinic, which is fortunately located in the school, has done a great deal in the way of examining the children of the entering class and in following them up promptly for glasses. This type of work is not usually done in the public schools until the third year.

The value of thorough examination at the very beginning of school life, however, has been proven by the fact that about 27% of the six-year-old children have been found by this clinic to need immediate attention to their eyes. In this connection, a special student from the School of Social Work assisted materially in following up the children in the classes of the first three years and in getting the parents to provide glasses for those who needed them.

Dr. Leichter, a neighbourhood dentist, who feels strongly the needs of the school children, has spent several mornings a week in examining the children. As he could not cover all the children, he has centered his efforts upon those in the nutrition group and in the Terman classes. There is a great need for a permanently established dental clinic in the school and especially for a dental hygienist such as was provided one term. This work has been dropped all over the city, however, by the Board of Health under this Administration, but it is one of the strategic points in conserving children's health which should be resumed at the earliest possible date.

The Nutrition Experiment which has been carried on in the school for two and a half years by the Bureau of Educational Experiments, while essentially intended for research, has a practical aspect, which, from the point of view of the general experiment in grading, is of great importance. This year all the children in the entering class in September were weighed and measured the first week of school. Those who were seven or more per cent. underweight were placed in a special class and problems of health made the centre of their curriculum. Much home visiting has been done and mothers' classes have been held in connection with this work. This has been a very thorough piece of work, and should be taken over and made permanent as a part of the school. The Bureau is not going on with it next year as it feels that the experimental stage has been passed.

Special Assistance from the Board of Education

Special co-operation with the experiment from different departments of the Board of Education has been particularly helpful.

The Department of Ungraded Classes has created special observation classes for young children so that those who are not necessarily mentally defective, but in need of an extra start, might be rescued from the discouragement of failure in the regular grades. Some of these children have been found to be real defectives, but many of them will be able to go back to the regular grades.

This department also made possible the Neurotic Class, the only one in the city. This class, in particular, has been very interesting to visitors who come from other cities where this problem has not yet been

met. It fills a long-felt want in the handling of children who tend to be abnormal but not necessarily subnormal. The problems of these children are largely emotional, rather than intellectual.

Owing to the grading experiment, the ungraded work in the school has tripled in size, as the children are now taken from every grade, including the lowest, as they are discovered, instead of from the 5th and 6th grades, as heretofore, after they have become discouraged and unnecessarily retarded.

The Department of Physical Education has also co-operated on special problems. Dr. Harry I. Goldberger of this Department, has given his expert services as a pediatrist in the individual examination of special groups of children and in examining the second term group of the nutrition experiment. The regular work of the Board of Health has unfortunately not been of a character to be of much practical assistance in really studying the health of children.

The Bureau of Reference and Research is now making an extensive study of mental and pedagogical tests in this school, in order to obtain adequate data for recommending certain tests throughout the system for similar experiments. These constitute group tests intended for the study and classification of children roughly in large numbers. P.S. 64 was chosen by the Bureau for this purpose because of the intensive work with individual tests and grading which had already been inaugurated there. It is hoped that this survey will eventually result in a comparison of the value of the several group tests based on their correlation with each other and with the individual tests. It is of interest to note that P.S. 64 is the first school in the city to be allowed to use the tests of the National Research Committee.

The Visiting Teacher

In closing it seems pertinent to speak of the work of the visiting teacher in connection with the grading experiment. Miss Emily Leonard of the Visiting Teacher Staff of the Public Education Association was placed in P.S. 64 to co-operate in the plan. In looking over the list of school activities it is quite evident how large and important a part she has played in the work with individuals and how impossible it would have been to conduct such an experiment without a visiting teacher. Attention should be called, however, to the fact that by means of the grading method, the visiting teacher receives the cases that are really visiting teacher problems more promptly than in the traditional school and indeed, almost automatically, for the children who are in need of special attention but whose difficulties have not yet become manifest in the classroom come to the notice of the psychologist and the teacher

at once as a result of the studies made, and are referred directly to the visiting teacher. Especially is this true of the scholarship cases, which come to light through the knowledge of the child's ability in the face of his achievement. When these do not match, the child is recognized at once as a "scholarship problem", needing special study and adjustment.

The part of the work which now needs to be rounded out is the health side. In addition to the work already being done and the excellent co-operation of the neighbourhood agencies, a whole time health worker to deal constructively and practically with the health habits of children in the early grades of school is absolutely essential to the successful carrying out of this interesting and promising experiment.

ABSTRACTS

THE EMOTIONS AND THEIR MECHANISM IN WARFARE

DR. TOM A. WILLIAMS, WASHINGTON, D.C

(*Journal of Abnormal Psychology, April-July; New York Medical Journal, September 12th, 1919*)

The Role of Emotion in Military Unfitness. The allegation has been made that the emotional strain of the war is the direct cause of many functional disturbances of long duration among the soldiers. Statistics gathered at the French army centres do not bear out this statement. They show that a relatively small number of men apart from those having organic disease or toxic condition show nervous perturbation. The number of emotional cases are very small in comparison with the definitely hysterical and rapidly curable cases. Moreover, patients of the emotional type are able to remain at the front without greater inconvenience than they would experience in civil life, provided they are not given responsibilities beyond their ability to bear.

One must remember that in severe states of fear, physical signs such as palor, changes in pulse, sweating, pilomotor reactions and pollakiuria are always present. Tremour can so easily be assumed that it is not an aid to diagnosis, nor is tachycardia because it is so often the result of other states such as cardiac exhaustion, intoxication, or disorders of the thyroid gland. True anxiety states which the patient is able to control during his waking hours are often manifested during sleep in terrifying dreams, in which the patient's dread overcomes him while his volition is partly in abeyance. Such dreams gradually lessen his resistance. These cases are very different from the alleged emotive type, which is really the hysterial type, and when genuine must be absolutely differentiated from asthenic conditions. The real mechanism in such cases is an associational fear psychosis.

In practice it is most important to make this distinction because such cases are readily curable, but only by the proper psycho-therapeutic methods, whereas it is quite useless to attempt to cure asthenic symptoms by psychic means. Moreover, the latter class of patient is unfit for military service on account of physical weakness. The men under consideration are those who break down suddenly because of some alleged emotional shock or long sustained emotional strain. Among these there are two types: (1) those who are suffering from fatigue and hence have lowered powers of inhibition, and (2) the psy-

chogenetic cases. The real mechanism of this type is the conditioning of the mental attitude by the conviction that the patient has that he is no longer able to withstand, what he believes to be the exceptional psychic strain at the front. This vicious mental attitude has to be changed in order to help such patients, and they can be cured in a comparatively short time by a proper understanding of the patient, and a reconditioning of his reactions to the situations which formerley were provocative of fear. Showing him the mechanism of the origin of his particular phobia is an important factor in enabling him to understand the real nature of his condition. Only when the patient possesses this understanding can he view his reactions rationally and almost impersonally, and because he has learned how these reactions occurred is able to forestall them. The fear provoking situation must not be treated with a cowardly avoidance, but faced open-mindedly, the patient always analyzing his relation to the situation each time it arises and by viewing it in a scientific light, stripped of its emotional aspect and nullifying its morbid affect.

The old methods of treating phobia were very different, and not only failed in many cases, but were often definitely harmful. Ridicule helped not at all, the rest cure gave the patient time to brood over his trouble, occupation and recreation often multiplied the occasions capable of provoking the phobia, and hypnotism increased suggestibility. None of these methods aimed at the cause of the trouble as all medical art should attempt to do. In such phobias the essential cause is a conditioning of the affective reactions towards a given situation, because of a misconception regarding it.

The following military case should be studied in relation to the foregoing factors and those to follow.

Acute Emotional Syndrome. A sergeant, a hairdresser in civil life, just returned from a six weeks' rest, saw a nearby comrade beheaded by a stray shell which buried itself in the ground behind him without bursting. The man gave to emotion, weeping, cursing, and trembling violently, but after securing a stimulant at the dressing station, returned to his post. A few hours later he was seen with a bullet wound in the thigh. Though it was not serious, two years later he had still not been to the front.

It is a significant fact patients can be taught to control these provoked tremors in a single sitting by the use of faradism, or through skilful psychotherapeutic treatment even without the use of these painful electric currents.

Simulation of Emotivity. It must never be forgotten that the condition of emotionalism is easily simulated, as has been shown by the

confessions of repatriated prisoners who used this means to convince their captors permanent disability for further service. Under other circumstances, such confessions would be impossible to obtain, as they redound to the patient's discredit.

Perseverating Pseudomotivity. It is a very delicate task to persuade these patients that though they originally had justification for their manifestations, the physical states which caused them have long since ceased, and their present manifestations are illegitimate, and to enlist their aid in the restoration of their own health.

Influences Adverse to the Cure and Welfare of these Men. The policy of the army towards functional nervous diseases, and of the country towards causes of cerebral commotion, and the pernicious effect of popular articles on shell shock combine to interfere with the soldiers' recover, and even encourage him in efforts to remain ill.

The Mechanism of Some Fear States. Most people become inured to accustomed dangers because they feel they are not apt to happen to them. This same wise direction of the imagination very soon lessens the soldier's first fears. Few men feel that an impending battle is to be their last. In cases of desperate enterprise where the men face the chance of almost certain death other motives such as a high sense of duty, fear of seeming afraid, desire for glory, or belief in luck remove fear. Collective suggestion, which depends largely upon the officers, is a most important factor in keeping up the courage of troops. When a man does not respond to this influence the neurologist tries to explain to him that he really has no legitimate excuse for not going into battle, and is mistaken in the motivation of his illness. If he is rational this suffices. Some men are reached more easily by persuasion, and some can be touched only by the certainty of disagreeable effects. There is more than a suspicion of dishonesty in some of these latter patients, but it is wiser for the physician not to expose the patient's guilty motives because they must be able to hold up their heads among their companions.

It must not be forgotten that many men flinch morally because they are suffering from a reduction of the resiliency of the organism, which prevents them responding to a difficulty which they could normally submit with ease. The greatest attention should be paid in the beginning of cases to the milder functional incapacities of circulation, internal secretions, metalbolism, and neurone reaction. Even disorders of the associational systems may be dependent upon purely physical functional disorders. It is only through attention to details of mental examination

that one can pass upon the character of such manifestations, many of which can be successfully imitated or may occur from a purely psychogenetic mechanism. It is impossible to exercise too great caution in regard to one's findings.

The Principle of Cure. If the patient can be convinced that his fears are groundless his qualms can quickly be overcome. Even when his fear is well founded his reactions towards the fear provoking situation may be changed by imbuing him with a different attitude towards it. This substitution of a different set of ideas is a common procedure—in fact it is the means by which most men enable themselves to face willingly the probability of serious injury or death in war. In cases where that powerful aid, *esprit de corp*, fails to uphold a man, and he becomes dominated by fear, the psychotherapeutist must recondition his reactions to difficult situations.

Most patients of this type exaggerate their emotional reactions in order to justify apparent cowardice which they themselves honestly reprehend.

It must always be remembered that an emotional reaction to sudden and unexpected fright is natural, though it varies in different individuals. It is only its persistence which is abnormal. This persistence is due not to the quality or gravity of the emotion, but to the fact that the emotional state is fostered by the patient, who allows himself to believe that he can no longer control every childish reaction, and continues to play a part which he has assumed.

EMPLOYABILITY OF SOLDIERS AS AFFECTED BY FUNCTIONAL NERVOUS DISORDERS OF WARFARE

Before the American Academy of Medicine in session at Atlantic City, Monday, June 9, 1919

DR. TOM A. WILLIAMS, WASHINGTON, D.C.

IT is natural for the employer to be intolerant of the peculiarities of those suffering from functional nervous disorders, yet it is his duty to co-operate in every way possible with the physician in the restoration to industrial efficiency of those soldiers, who during the war have become incapacitated in this way.

Every man thus restored is a valuable asset to the community, who otherwise becomes not only an actual loss, but a source of discontent.

In many instances all that is necessary is a slight modification of the conditions of work, and a sympathetic understanding and consideration by employers and fellow-workmen. In some cases, however, the expert advice and skill of a neurologist are necessary to re-educate these men and help them to a new mental attitude toward themselves and toward life.

This readjustment does not require long or complicated treatment, and has proven most successful. In practically every instance men suffering from functional nervous disorders have been restored to their full efficiency. It is, therefore, a patriotic duty that this restoration be done after the war in the same spirit that personal sacrifices were made for the sake of military efficiency during the war.

NOTES AND NEWS

THE formation of the Ontario Neuro-Psychiatric Association has just been decided. Its object will be to promote a greater interest in nervous and mental cases. Its work is designed to be more widespread, however, and will extend to the study of defective children, to social welfare work, to the question of greater care in the selection of emigrants, to the many and varied problems relating to the feeble-minded, to psychoses and neuro-psychoses.

The following officers have been elected: President, Dr. E. Ryan, Kingston; vice-president, Dr. H. Clare, Toronto; secretary-treasurer, Dr. C. Crawford, Whitby; executive committee, Dr. W. M. English, Hamilton; Dr. Goldwin Howland, Toronto; Dr. Beemer, Mimico; Dr. R. H. Armour, Toronto; Dr. C. K. Clarke, Toronto.

Dr. E. Pearl Hopgood has been appointed second Assistant Woman Physician at the Nova Scotia Hospital, Halifax, N.S.

35 STATE MENTAL HYGIENE CLINICS NOW IN OPERATION

FREE CONSULTATION AND AID FOR CASES OF NERVOUS AND MENTAL DISORDER

A NEW directory of clinics, recently published by the State Hospital Commission, indicates the progress which has been made in the organization of out-patient work by the State hospitals. Thirty-five clinics are now being conducted by the State hospitals at various points throughout the State. Eleven of this number in which the State Commission for Mental Defectives is co-operating are listed as joint clinics.

These free mental clinics are conducted as an aid in re-establishing paroled and discharged patients in their respective homes and communities, and for the benefit of persons in the community who may be suffering from nervous or mental disease or defect.

At each clinic there is present a specialist from one of the State hospitals who makes diagnosis and gives advice. In certain of the joint clinics, additional personnel has been furnished by the State Commission for Mental Defectives. Physicians from the State Schools for Mental Defectives have been detailed as special consultants, and psychometric examiners have been furnished through the State Board of Charities. A hospital social service worker attends the clinic to give patients needed assistance in adjusting themselves to their environment.

Nervous and retarded school children are examined upon request of parents and advice in regard to special training is given. Any person who desires a frank interview about his own mental condition or that of a relative or friend is invited to visit the clinic nearest his home. Physicians, clergymen, social workers, teachers and social agencies are requested to bring or refer cases to the clinic for consultation.

Arrangements are being made for the co-operation of the State Hospital Commission with several of the other State Departments in holding clinics for mental and nervous cases in the principal cities of the State. Such joint action will eventually enlarge the scope of some of the clinics.

S.C.A.A. News.

CINCINNATI FEDERATION URGES EUGENIC REFORMS

THE Public Health Federation of Cincinnati, composed of all social welfare organizations of that city, is featuring various public health needs of the community through newspaper and other forms of publicity.

A series of four leaflets, issued by the Federation, urging the necessity for adequate appropriations and facilities for the care and training of mental defectives, is one item in the campaign and has caused favourable comment from many sources.

In May, 1919, $650,000 was appropriated by the state legislature for a new custodial institution, but no steps have been taken as yet towards its building. To show the need for immediate action in this direction one of the leaflets gives an outline of the subject under the heading, "What is Feeble-mindedness?" The points made are:

Feeblemindedness is a mentally *dwarfed brain* in a growing physical body.

The brain of a mental dwarf can never be older than *twelve years*, though his body may grow to old age.

Feebleminded persons *can not control* their bodies nor direct their affairs wisely.

Ohio has at least 10,000 *feebleminded* persons, and the number is increasing.

Less then 3,000 are *adequately* cared for. The others are unsupervised in the state.

Cincinnati has 2,000 of these feebleminded persons.

Less than 400 are in special classes in the public schools; the others are unsupervised in the city.

Feeblemindedness is *inheritable*. It *must* be *prevented*.

Feebleminded persons should not be allowed to marry or to become parents.

The Federation, in summing up, says:

It is not a question of paying—we do that anyway. It is a question of *what we pay for*. Shall we pay for *prisons and reformatories*—for *destitution and disease*? Or shall we pay for *directed care* which will make *control and prevention* of mental defect possible?

Feeblemindedness is a menace to public health.

It can be prevented.

Public opinion promotes public health.

YOU ARE THE PUBLIC.

Social Hygiene Bulletin, April, 1920.

BOOK REVIEWS

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., professor of nervous and mental diseases, Northwestern Medical School, Chicago; and Frederick Peterson, M.D., formerly professor of psychiatry, Columbia University. Ninth edition. 949 pages with 350 illustrations. Price, $7.50. Publishers: W. B. Saunders Company, Philadelphia & London, 1919.

This book is the ninth edition of what has proved to be a standard text-book for students and practitioners so that a detailed review of it is superfluous. This edition differs little from the preceding one except that, as the authors say, the subjects of general paresis and traumatic insanity have been re-written. In the section on nervous diseases there perhaps might have been more careful revision as one notices that the definition between Tic and Spasm is not clearly differentiated, and that the treatment of trigeminal neuralgia is perhaps not quite modern.

The chapter, however, on arterial brain diseases, tumours of the brain, spinal cord lesions, and epilepsy are splendid. The section on mental diseases is, on the whole, excellent. However, enough attention has not been given to manic depressive insanity, dementia praecox and general paresis. On the other hand too much attention has been given to the physical standpoint of mental diseases.

From a general viewpoint this book still remains an excellent one for students and practitioners.

THE DON QUIXOTE OF PSYCHIATRY. By Victor Robinson, Ph.C., M.D., Ned York Historical Medical Press, 206 Broadway. 1919.

Shobal Vail Clevenger, Jr., the subject of this biographical sketch, was born in Italy, by the Arno, in March, 1843, of humble, though talented, parents. His father had been a stone cutter in Cincinnati until the day that he chiselled a man's head in the rock and all the city recognized the Editor of the Cincinnati *Evening Post*. Following this the father's talent as a sculptor became recognized and many notable American statesmen of the day were among his sitters. However, while in Italy studying his art, he acquired tuberculosis and died on his way home at the early age of thirty. Young Clevenger at this time was only six months old. The boy's schooling did not amount to very much; driven out of New Orleans by the epidemic of yellow fever, from which his brother died, he settled in St. Louis. First he worked as a clerk in his uncle's boot store. Then, through great influence, he

was put in the State Saving Institution as a messenger and was soon promoted to a collectorship. He enlisted in the Civil War under Sherman and obtained the rank of lieutenant. After the War he settled in Montana where he held the office of Justice of the Peace at Fort Benton and made meteroological observations for the Smithsonian Institute. The long winter evenings at the isolated fur trading post gave him leisure to cultivate himself, and having a natural bent towards scientific things, he soon had a contract to survey the military reservations. He built the first telegraph in the State of Dakota, thus connecting isolated Yankton with the outside world. In order to make a success of his engineering he found it was essential to stand in with politicians. Disgusted, he resolved to follow a new calling where politics could not enter and at the age of 40 he took up the study of medicine at the Chicago Medical School, now the North-Western University. In those days the hogs still roamed through the business section of Chicago and when it rained hard the placard "No bottom" was posted through the chief streets, and an old hat floating down with the warning, "Keep away—I went down here", was a ghastly reminder that men and horses could drown in mud.

Very interesting sketches are given of the faculty under whom he studied. Robert Laughlin Rea, who climbed from the plow to a professor's chair, was the teacher of anatomy. Edmund Andrews, the Rabelais of the faculty in his love of humour, who rose from a farmhand to the leadership of the surgical profession in the mid-west, was Professor of Surgery. William Heath Byford, a mechanic's son and tailor's apprentice, occupied the chair of Gynecology.

Clevenger graduated in 1879 and became engaged in carrying on neuro-pathological studies, performing autopsies at the Dunning Asylum, bringing the brains to his room for detailed investigation. He hoped he'd seen the last of political grafters. About this time there was a proposition to appoint a special pathologist to the Asylum and Clevenger was the logical candidate. He was moreover well recommended by prominent physicians in Chicago and the Superintendent of the Asylum was favourably disposed to his appointment. However, that was not all that was necessary in those days. To Clevenger's astonishment the Superintendent brought him one day to a drinking saloon on Clark Street; the proprietor, an ordinary looking fellow, was leaning on the customer's side of the long counter. Dr. Spray went over to him and Clevenger heard him whisper, "This is the doctor I was telling you about". At these words the saloon-keeper raised himself, looked at Clevenger for a moment, nodded quietly, and put out one finger for him to shake, and he had the appointment. It seemed like a joke, yet they were in a serious place; on the first floor were wines and liquors, on the

second floor were the roulette wheels and faro layouts, while the third seemed limited to more immoral interests—yet that den was the true City Hall of Chicago, and Clevenger had touched the hand of royalty. It was King Mike McDonald whose nod had made him Special Pathologist to the Cook County Insane Asylum, and had Mike turned away from him, all the recommendations of the physicians in Chicago would have availed him nothing. His natural doubts vanished, however, when he entered the Asylum as Pathologist. The materials for original study were so vast, every one of the seven hundred patients presented so many interesting problems. He was surprised to find that no records of cases had been kept, so he secured large blankbooks and wrote up the histories from all available data. Day and night he was on the go—diagnosing new cases, re-examining old ones, making post-mortems, cutting with his microtome, he filled scientific periodicals with his contributions.

It was not long before he heard that the milk given to the patients in the dement wards frequently caused fatal epidemics. Examining the milk he found it of low specific gravity and of acid reaction, but he found no suspicion of cream. Examining further, he learned that out in the yard were expensive kennels where King Mike kept his hunting dogs, and the attendant skimmed the cream from the milk cans to give to the dogs.

Clevenger's struggles with the politician managers of the Asylum make most distressing reading. His efforts even to have the cases classified according to the diseased types which he had worked out was met with an absolute refusal. His applications for necessary drugs were not complied with, although the same week it is stated that $1,500 was spent on whisky, wine and cigars and charged up as sundry drugs. These served to provide entertainment for the Saturday night frolics of the gangsters and their women. The expensive Turkish and Russian baths which had been built "for the patients" became the regulation places for the politicians to sleep off their debauches. Politics ruled the asylum, while science was the despised outcast; the meanest attendant there knew that his job was more secure there than the physician's. The dope bottle was frequently dosed out to patients to keep them quiet, directly against the doctor's instructions. Mechanics had keys to the female wards and visited them at all hours of the night.

Clevenger's efforts at reform very soon lost him his position, and even exposed him to a great deal of danger. Plots were laid for him by calling him to unfrequented parts of the city, but he was astute enough to send a private detective in his place who exposed these. On one occasion he was shot at, while in his study, the bullet burying itself in one of the books of his library.

"Thirty-five years have passed, but in the current issues of the December *Tribune*, 1918, we read that conditions are not changed at Dunning; the same sort of brutal attendants, and the same sort of brutal murders; again we hear of a dozen or more violent deaths at the Dunning Asylum, and Dr. Shobal Vail Clevenger's life-work has ended in failure".

It is gratifying to know that at present there is no political domination of the State Hospital at Dunning, Ill. This institution is now one of the best run of its kind in the United States.

STUDIES IN MENTAL INEFFICIENCY is a new quarterly issued by the Central Association for the Care of the Mentally Defective, of London. It is apparently to have the editorial supervision of Dr. G. E. Shuttleworth and Dr. A. F. Tredgold. In the initial issue, dated January 15, 1920, Dr. Shuttleworth presents an editorial foreword setting forth the aims and purposes of the Association. Dr. Tredgold contributes a paper on "Moral Defectives." An article by Lucy Fildes discusses "Individual Studies, their Educational Significance." This journal should be an excellent stimulus toward advanced legislation. The publication office is Queen Anne's Chambers, Tothill Street, Westminster, S.W. The subscription is three shillings per year.

Findlay, J. J. AN INTRODUCTION TO SOCIOLOGY FOR SOCIAL WORKERS AND GENERAL READERS. Manchester, at the University Press; and London, Longmans, Green & Co. 1920. Pp. xi,+304.

Professor Findlay is the Sarah Fielden Professor of Education in the University of Manchester. If he held a chair in an American University, where education is much more differentiated than in Britain, he would almost certainly be called Professor of Educational Sociology. For educational sociology is his field. Trained in history at Oxford he turned his attention to the study of the social aspects of education first in Germany and then in Cardiff and Manchester. Time has broadened his field and enlarged his vision. His training, however, explains some curious features which his work exhibits. He is, for example, excellent in broad generalization which he drafts with a skilful pen, but in the *minutiae* of his subject he is apt to lack scientific accuracy.

The work under review is divided into three sections. The first deals with Principles. In it are discussed such fundamental problems as number, space, time, property, communication and power. Findlay rejects the spatial element in Maciver's definition of Community, classifying it (*e.g.*, in the state) as an illusion of the soil. The true line of evolution in man is a heightened capacity for sociality; the adjustment of self and alter to a mutual harmony.

Section II, which is by far the best section of the book, deals with Types of Social Groupings. Here his wide knowledge of education is brought fully into play. He makes a new contribution in the careful analysis of the widening groups and circles with which the growing child comes into successive contacts. His scheme of social groupings is as follows:

I. Primary Groups: family, sex, period, friendship, neighbourhood.

II. Universal Groups: Spiritual (Religious) contrasted with the secular (state); and caste or class as antithetical to these.

III. Self-regarding Groups: Occupation, leisure.

The discussion in this section brings out very clearly the struggle that an enlarging sphere of sociality always engenders. For example, the enlarging sphere of children causes them to grow away from the family—a process often misunderstood and almost always resented by parents. The enlarging sphere of modern woman causes her to grow beyond the limits of interest represented in the kitchen or the home, resulting (to some) in that terrible movement—the feminist movement. One obvious point he misses here is that of the feeble-minded. Sociologically, the problem of the feeble-minded is their inability to expand socially, or rather, to expand at the normal rate of their fellows. But, like John Gilpin, Findlay keeps the balance true. Local interests and local ties must be fostered. There can be no true internationalism without local patriotism.

Section III deals with Organization and in it are discussed such topics as the leader, the official, the representative, government, law, symbol and form.

Lack of space forbids more. The reviewer found the book both stimulating and fascinating, and confidently recommends it to the notice of all workers in mental and social hygiene in Canada. Findlay's Introduction to Sociology should certainly be one of the texts studied in our schools for social workers. P. S.

CURRENT BIBLIOGRAPHY

Albert, E. Stanley, M.D. Problem for Mental Hygiene in the Public Schools. *Mental Hygiene* April, 1920.

Bailey, Pearce, M.D. Applicability of the Findings of the Neuro-Psychiatric Examinations in the Army to Civil Problems. *Mental Hygiene*, April, 1920.

Bailey, Pearce, M.D. Reconstruction in Nervous and Mental Disease. Ungraded. February, 1920.

Barrett, Albert M., M.D. Psychosis Associated with Tetany. *Amer. Jour. of Insanity*, April, 1920.

Bingham, Anne T., M.D. What Can Be Done for the Maladjusted. *Mental Hygiene*, April, 1920.

Brown, Sanger. Nervous and Mental Disorders of Soldiers. *Am. Jour. Insan.*, April, 1920.

Brown, Sanger, M.D. Nervous and Mental Disorders of Soldiers. *Mental Hygiene*, April, 1920.

Brown, Sanger, M.D. Anticipation of Paresis and Tabes in Syphilitics. *Amer. Jour. of Insanity*, April, 1920.

Campbell, C. Macfie, M.D. The Experiences of the Child: How They Affect Character and Behaviour. *Mental Hygiene*, April, 1920.

Clark, Charles H., M.D. The Prevention of Racial Deterioration and Degeneracy. *Ohio State Indus. Jour.*, April, 1920.

Cornell, W. B., M.D. The New State Law Relating to Retardation of Public School Children and Its Application. Ungraded. Dec., 1919.

Doll, Edgar A. Adult Average Intelligence. Ungraded. Jan., 1920.

Hannington, Milton A., M.B. Mental Disorder in Adolescence. *Mental Hygiene*, April, 1920.

Hollingworth, Leta S., Ph.D. Special Disabilities that Contribute to Retardation in School Children. Ungraded. Dec., 1919.

Johnson, Buford. Emotional Instability in Children. Ungraded. Jan., 1920.

Laird, Donald A. Does There Exist a Need for a Program of Education in Mental Hygiene. *Mental Hygiene*, April, 1920.

Lincoln, Edward, A. The Intelligence of Military Offenders. *Jour. of Delinquency*, March, 1920.

Lowrey, Lawson G., M.D. Further Observations on Neuro-syphilis and the Psychosis. *Archiv. Neur. & Psych.*, May, 1920.

Morse, Mary E., M.D. Brain Tumors as Seen in Hospitals for the Insane. *Arch. of Neur. and Psych.*, April, 1920.

Paton, Stewart, M.D. The Essentials of an Education. *Mental Hygiene*, April, 1920.

Porteous, S. D., and Hill, Helen F. Condensed Guide to the Binet Tests and Diagnosis. Tests and Test Procedure. *Training School Bulletin*, March and April, 1920.

Psychology Tests for Teachers. Pittsburg School Board would apply Army Plan Combination of Factors to give Rating. Ungraded. Jan., 1920.

Richards, Esther Loring, M.D. Some Adaptive Difficulties Found in School Children. *Mental Hygiene*, April, 1920.

Rosenow, Curt, Ph.D. A Note on the Significance of Nocturnal Enuresis with Reference to Intelligence and Delinquency. *Jour. of Delinquency*, March, 1920.

Sandy, William C., M.D. Mental Deficiency in New York State. *Mental Hygiene*, April, 1920.

Savage, Sir George. Mental Disorders Associated with Old Age. *Jour. of Nervous and Mental Diseases*, March, 1920.

Southard, E. E., M.D. The Modern Specialist in Unrest: A Place for the Psychiatrist in Industry. *Jour. of Industrial Hygiene*, May, 1920.

Southard, E. E., M.D. Trade Unionism and Temperament. *Mental Hygiene*, April, 1920.

Southard, E. E., M.D. The Mental Hygiene of Industry. *Industrial Management*, Feb., 1920.

Stearns, A. Warren, M.D. Social Work and Industrial Hygiene. *Jour. of Industrial Hygiene*, May, 1920.

DISTRICT DUE DATE
Hillcrest
Moss Park
University 2-2-21
Woodbine
Runnymede
Yorkville
Parkdale
Office

CANADIAN JOU
OF
MENTAL HYG

VOL. 2 TORONTO, OCTOBE

THE CARE OF THE MENTAL

BY CHAS. E. DOHERTY, M.D
Medical Superintendent of Hospitals for Ins

IT is now generally understood that the feeble-minded and the progeny of the feeble-minded constitute one of the great social and economic burdens of our modern civilization. We have much accurate knowledge as to the causation, prevalence, social significance, prevention and treatment of feeble-mindedness, its influence as a source of unhappiness to the defective himself and to his family, and its bearing as a causative factor in the production of crime, prostitution, pauperism, and other complex social diseases. The literature on the subject has developed to enormous proportions.

No province can consistently ignore a condition involving such a large number of persons and involving so great an economic cost and waste. The first step in this Province has been taken. In my 1918 Annual Report to the Honourable the Provincial Secretary, I stated as follows:

"The time has now arrived in this Province when voluntary admission and the establishment of a psychopathic wing in connection with our largest general hospital should be established. It would appear that Vancouver should be the city and the Vancouver General Hospital the hospital. The establishment of such a psychopathic hospital with voluntary admission would immediately have the effect of making the public understand the fact that insanity is a disease requiring early and careful treatment, and would also undoubtedly, in a considerable percentage of cases, obviate the necessity for legal committal.

"If a proper outdoor service was also established in connection with this psychopathic department, great assistance to the Province could be given. If such an outdoor service was in charge of qualified men, it might be hoped that they would be able to pick out many of those types liable to develop psychoses, and to protect them from those classes of stress which they are least able to withstand. The neurotic

*Read before the Vancouver Medical Association, April 6th, 1920.

child would be recognized and could be safeguarded, especially throughout school-life and the period of puberty and adolescence. In my mind there is no doubt that competent advice would be sought by parents as to the best methods to be employed in the rearing of their children. Until then it might be said we are largely helpless in the matter of prevention.

"The second requirement is the proper provision for the more marked cases of the feeble-minded of the Province. The problem of the feeble-minded is one that is going to be with us for a long, long time, unless we do something to correct it; any Provincial plan for the care of the feeble-minded must relate itself definitely to the public school system; under our compulsory law every child should come to the attention of the school authorities and if there was a proper mental examination of the pupil the school record would eventually constitute a complete registration of the feeble-minded. It is surely as important, or even much more important, to train, properly, subnormal as normal children. In the more marked cases this should be done in special institutions."

Nearly every province in the Dominion and nearly every state in the Union to our south, has already made a beginning in the way of a program for dealing with the mentally defective. The development of this program has varied greatly in different states and different provinces in degree and in method. It would appear to me that the first step in a rational program would be the beginning of a complete and continuing census of the uncared-for feeble-minded of the whole Province. This would state and define the problem. Many privately conducted surveys show the feasibility of such a census. The data for this census would be furnished by a commission properly constituted and properly functioning—by physicians, clinics, social workers, town officials, teachers, etc.—and only those persons whose mental defect has been scientifically diagnosed should be registered. The register should be highly confidential, and accessible only to properly accredited persons.

The co-ordination of existing records would be available for social workers, school authorities, and other agencies, and would be of enormous service in the solution of the individual problems which the feeble-minded constantly present. This alone would mean a great saving in time, effort and money.

The official census would give a logical basis for intelligent management of the mental defectives of the Province. It would make possible and desirable some provision for a central governmental authority, responsible for the general supervision, assistance, and control of the uncared-for feeble-minded who do not need immediate institutional commitment. This provincial supervision should be directed by a

government commission for the feeble-minded. Its responsible officer should be a psychiatrist with special knowledge of mental deficiency and its many social expressions.

The local administration of this supervision could be carried out by the use of existing local public organizations, societies, etc. These peripheral workers could be made proficient by short courses, etc. This systematic supervision of the feeble-minded could easily be made to cover the entire province with a local representative in each community, but all under the direction of the central authority.

Unquestionably your association knows that already certain definite steps have been taken by the Government of this Province in this matter, carefully considered steps which go to show me that they fully recognize the seriousness of the problem, and steps taken so systematically that I am bound to believe that there is very little chance of an erroneous course being pursued.

The Provincial Government has already seen fit to have a preliminary survey of the province made by such men as Dr. C. K. Clarke, Dean of Toronto University Medical Faculty, and easily one of the most eminent psychiatrists in America. With him in this survey was Dr. C. M. Hincks, Secretary of the National Committee of Mental Hygiene, and Miss Keyes, one of Canada's leading social workers, and I will here quote from their report to the Honourable the Provincial Secretary:

"Facts have been disclosed in this report that give some indication of the proportions and seriousness of the problem of feeble-mindedness in British Columbia. The data presented shows that mental deficiency lies at the very root of such conditions as crime, juvenile delinquency, prostitution and pauperism, and that it is a significant public school problem. Certain measures have already been adopted by the province to cope with the situation, but much remains to be done. There are measures of great urgency that should be immediately undertaken, and these will receive consideration in some detail. Before discussing particular recommendations, however, it should be pointed out that an efficient programme for the care of mental defectives must of necessity be elaborate. One could not do better in this connection than quote from a recent article written by Dr. Walter E. Fernald, the eminent American authority on feeble-mindedness, in a recent issue of the CANADIAN JOURNAL OF MENTAL HYGIENE. Dr. Fernald thus outlines an effective state (or provincial) programme for the care of the mental defectives: "It includes the mental examination of backward children, the mental clinic, the travelling clinic, the special class, directed training of individual defectives in country schools, instruction of parents of defective children, after-care of special class pupils, special training of teachers in normal schools, census and registration of the feeble-minded,

extra-institutional supervision of all uncared-for defectives, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions."

Definite Recommendations concerning the Feeble-Minded are as follows:

(1) *Facilities for Diagnosis.*—Arrangements should be made for the diagnosis of the mental status of school children, juvenile and adult delinquents, prostitutes, and unmarried mothers. This work could best be carried out through the agency of mental Clinics. At the outset it would be advisable to establish a Psychopathic Hospital connected with the Vancouver General Hospital, and to utilize the staff of this organization, in addition to other duties, for the mental examination of all Vancouver cases. In order that the rest of the Province might be served, it is recommended that a travelling clinic be attached to the New Westminster Mental Hospital. It has been found that a travelling clinic can cover considerable territory, and it is probable that much valuable work outside of the city of Vancouver could be accomplished through such an agency.

(2) *Facilities for Training*—1. *Training School for Mental Defectives*—There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present Survey has demonstrated that there are a large number of feeble-minded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical

control being in charge of the Superintendent at Essondale—and the product of the labours of the feeble-minded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

The Committee believes that there would be no serious public objection to the erection of the institution on the Essondale property because of the proximity of the Mental Hospital, when it is known how extensive the Government property really is. The training school could occupy large grounds at such a distance from the Mental Hospital that the two organizations could be kept entirely distinct.

The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley, provision is made for the segregation of defectives according to sex, intellectual development and behaviour. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentering, boot-making, weaving, while the girls receive special instruction in the household arts.

While a considerable number of the feeble-minded to be cared for in such a training school as is suggested will be permanent institutional cases, still it will be possible to discharge some who have passed early adolescence. In this connection a statement by Dr. Fernald is significant. He says: "It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. The after-care of the female morons who have received training in the institution were not so favourable, but many of these too led moral and harmless lives after their return to the community. The study of discharged female cases at Waverley showed a surprisingly small number who became mothers or who married."

Attached to Waverley and the institutions for the feeble-minded at Rome and Vineland are farm colonies where selected cases are sent to clear the land and develop it. These colonies form an outlet for the growing institutional populations and are practically self-supporting. It is recommended that this colony system be adopted in connection with the training school at Essondale.

Mention has been made in an earlier part of the report of the need of providing segregation for male and female defective delinquents.

Separate buildings might well be erected continuous to the training school proper, for this purpose.

(3) *Extension of Special Classes.*—The advisability of providing more special classes for the backward and defectives in the schools of the Province cannot be too strongly urged. The provision of these classes would materially diminish the number of feeble-minded who would otherwise require prolonged institutional care. The system in Vancouver and Victoria should be extended as previously outlined, and provision made for other cities, towns and outlying districts.

The advisability of organizing a Trade School in Vancouver and of securing a Psychiatric Social Worker has previously been mentioned."

As a result of this report the Government has decided to make a definite start; a site has been secured at Port Coquitlam; this has already been cleared; the contract let for five buildings, and work has already started in actual construction.

The necessary Legislation has been enacted. The following Bill having passed this session of the Legislature, is now or will, within the next few days, be the Act, quite broad in its scope, under which it is proposed that the very vital question of the mental defective of this Province may be dealt with along proper lines.

The Bill reads as follows:

AN ACT TO ESTABLISH A SUBNORMAL BOYS' SCHOOL

"His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:—

Short Title

1. This Act may be cited as the "Subnormal Boys' School Act."

Interpretation

2. In this Act, unless the context otherwise requires, "boy" shall mean a boy who is not over the age of eighteen years at the time of his admission or proposed admission into the Subnormal Boys' School.

Establishment of School

3. The Lieutenant-Governor in Council may establish an institution to be known as the "Subnormal Boys' School," the administration of which shall be under the Department of the Provincial Secretary.

4. The Subnormal Boys' School shall have for its object the custody and detention, with a view to their mental health improvement, education, industrial training, and moral reclamation of such boys as are lawfully admitted thereto.

5. The Medical Superintendent appointed under the "Mental Hospitals Act" shall be ex-officio Superintendent of the Subnormal Boys' School. The Medical Superintendent and the other officers, clerks, and employees appointed under that Act shall perform such duties in connection with the carrying-on of the Subnormal Boys' School as the Provincial Secretary may from time to time direct. Such other officers, clerks, and employees as may be required for the carrying-on of the Subnormal Boys' School shall be appointed in accordance with the provisions of the "Civil Service Act."

TRANSFER AND CONFINEMENT OF INMATES

6. (1) Where he deems it advisable for the mental health of any boy confined in any common gaol in the Province or in the Industrial School, the Lieutenant-Governor, by warrant signed by the Attorney-General, may direct the transfer of that boy from the common gaol or Industrial School to the Subnormal Boys' School, there to be confined for the unexpired portion of the term to which the boy was originally sentenced or committed; and the boy shall thereupon be transferred to and confined in the Subnormal Boys' School subject to all its rules and regulations for the unexpired portion of his term, unless in the meantime he is lawfully discharged or removed.

(2) Section 4 of the "Industrial School Act" shall apply to the Subnormal Boys' School in respect of all boys transferred to that school under this section, to the like extent as if the Subnormal Boys' School were part of the Industrial School.

(3) Where a boy has been transferred under this section from a common gaol or the Industrial School to the Subnormal Boys' School and is confined therein, the Lieutenant-Governor, by warrant signed by the Attorney-General may direct the transfer of that boy back to the common gaol or Industrial School from which he was removed.

7. (1) With the consent in writing of the directors of any Children's Aid Society, or of any similar society or institution having the custody of any boy, or with the consent in writing of the parents, guardian, or committee having the custody of any boy, and upon the certificate of a legally qualified medical practitioner showing the boy to be mentally defective or to be suffering from retarded mental development, and that in the opinion of the medical practitioner the boy would be benefited by a course of training in the Subnormal Boys' School, the Lieutenant-Governor in Council, in his discretion, may order the admission of that boy into the Subnormal Boys' School, and his detention therein subject to the rules and regulations of the School.

(2) As a condition precedent to the admission of any boy pursuant to this section and his detention as an inmate of the Subnormal Boys' School, the Lieutenant-Governor in Council may require the payment

to the Provincial Secretary from time to time of the whole or any part of the cost of maintenance of that boy in the school; and the Provincial Secretary, in such case or in any other case, may receive from any person or from any municipal or other corporation willing to contribute towards the maintenance of any boy as an inmate the payment of the whole or any part of the cost of the maintenance of that boy in the School. All moneys received by the Provincial Secretary shall be paid into the Provincial Treasury and accounted for as part of the general revenue of the Province.

(3) Where a boy is detained as an inmate in the Subnormal Boys' School under this section, and where notice in writing is given to the Medical Superintendent by the directors of the society or institution, parents, guardian, or committee, with whose consent that boy was admitted to the school, requesting the discharge of that boy from the school, the Medical Superintendent shall not detain that boy for more than five days after the receipt of the notice.

8. Where in respect of any boy confined in the Industrial School, or in the custody of any society or institution, a Court or Judge has made an order upon any parent of the boy or upon any municipal corporation to contribute to his support, and the boy is transferred pursuant to this Act into the Subnormal Boys' School, that order, during the time the boy is detained in the Subnormal Boy's School, shall apply in like manner to his support therein.

9. Where at the time a boy becomes an inmate of the Subnormal Boys' School any municipal corporation is charged with the duty of making provision for his support, that municipal corporation shall bear all expenses of conveying that boy to and of supporting him as an inmate in the Subnormal Boys' School.

You will, therefore, see that very laudable steps have already been taken, the matter having been studied thoroughly. However, in formulating any scheme based upon a radical change of outlook, especially when that scheme must involve, not only expense, but a very real searching and intensive method in its application, it must be admitted that in social movements the Government cannot do very much without the aid of public opinion and volunteer workers, nor progress very far unless the proper enthusiasm exists in the medical profession of the Province as a whole.

It cannot be said that the Province has heretofore had any machinery for ascertaining mental defectives, for educating them, or for trying to prevent their easy development into irreclaimable criminals, although it is true that certain jail features did exist for the incarceration of incorrigible boys and girls.

The magnitude of the evil thus left untouched is very great. There

is no more potent influence in the production of vice and crime than the unwatched mental defective.

This Province is no exception to the rule abundantly proved in other countries that the largest proportion of crime and the cost of endeavouring to counteract it are due to mental defectives who have been allowed to continue at large. Never having had any useful training in their youth they are allowed in maturer age as "repeaters" to congest the courts and crowd the gaols. The inter-relation of crime and feeble-mindedness is now put beyond all controversy. If the cardinal fact could be assimilated by the general public that the elimination of the mental defective from the schools and from the streets and from the agencies in reforming character, would render the efforts of teachers and social workers comparatively easy and empty the gaols of over half their inmates and that these unfortunates can, if taken in time, be made comparatively happy and useful, there would be little time lost in bringing about the desired result.

Gentlemen, there is therefore great need for an immediate, intelligent and systematic effort to ascertain, record, and educate and care for the mentally defective, and you must help. It is necessary to realize that mentally defectives fall broadly into two classes—the comparatively harmless and the anti-social—and it is also necessary to grasp as the leading idea the fact that while these two classes may need, in the end, totally different treatment, the whole benefit to the public is brought about by the application of proper care and training to all who come within the definition of feeble-mindedness, provided they undergo the training at an early age.

Dr. Tredgold, the eminent British authority upon mental deficiency, estimates that among aments—that is, mental defectives—out of every hundred there will be found only six idiots and eighteen imbeciles, as against seventy-six feeble-minded, one-half of whom would be children.

This startling proportion shows what a wonderful chance and at the same time what a terrible risk there is as regards this class. Under proper care, and through proper industrial training of the young, three-quarters of the mentally defective will be kept practically out of harm's way. If neglected this same proportion is at large in the community, creating trouble, distress and crime. No single fact is so well established now as that most of the feeble-minded can be trained and made proficient in industrial work and manual labour. They can be made happy, healthy, and in many cases almost, if not altogether, self-supporting, but if allowed as children to run wild and untrained they develop vicious qualities and degenerate into criminals.

Another thing I feel certain of is that there is at the present time a large amount of effective voluntary effort and a great deal of really

well-informed and alert official talent, which are in sympathy with the idea of progress in this direction, and which are only waiting the opportunity of a well-considered move upon right lines to help its success.

Gentlemen, a conclusion I cannot help reaching is that the problem is not as large as it is sometimes made out to be, and that great progress can be made in the Province along lines that are reasonable and not too costly.

According to the ideas of some people any complicated extensive task involving care of many human beings is impractical—it is never done simply or easily.

The effective education of children in schools is a gigantic task, seemingly almost impossible of accomplishment. But we never consider abandoning it because results are not always ideal or economically profitable. Successful supervision in the community is coming to be the final aim and ultimate criterion of achievement—for the hospital, the prison, the court, the reformatory, and the hospital for the insane. We call these systems probation, parole, and after-care, and no one questions their value or measures them by their economic advantage.

Gentlemen, it is not so much a question of whether or not a system of supervision of the feeble-minded will be simple or cheap. It is a fact that we are going to begin to do this thing which has to be done before we can get any farther with the problem of feeble-mindedness, the only question being how long we are going to flatter ourselves that the money for ungraded classes is well spent, while supervision ceases when the greatest need for it begins. There is no use in training children for the scrap-heap. If supervision is too expensive then, Gentlemen, ungraded classes are rank extravagance.

Having been provided by the Honourable the Provincial Secretary and his associates in the Provincial Cabinet with the necessary legislation to enable us to proceed intelligently and legally in the matter of the care and treatment of the feeble-minded of the province, and having been furnished moneys to construct proper buildings, it is only right and proper that I should explain in detail just what treatment, what therapy, we propose to use, and what discipline we think should be enforced to accomplish results.

I have already explained the proposed organization for census taking and establishment of supervision for those cases of feeble-mindedness not requiring actual institutional supervision. I will now deal with those for whom institutional training will be required and who will enter the new institution.

In starting on this subject let me at once say it is not proposed to create or supply faculties absolutely wanting, nor to bring all grades of idiocy to the same standard of development or discipline, nor to make

them all capable of sustaining creditably all the relations of a social and moral life—but rather to give to dormant faculties the greatest possible development and to apply these awakened faculties to a useful purpose under the control of an aroused and disciplined will.

At the base of all our efforts lies the principle that, as a rule, none of the faculties is absolutely wanting, but dormant, undeveloped and imperfect.

I would like to call your attention to the early history of the pioneer state institutions in this work. They were practically all begun as tentative experiments in the face of considerable public distrust and doubt as to the value of the results to be obtained. Nearly all these early public institutions were opened near the capitals of their various states in order that the members of the legislature might closely watch their operations and personally see their need and the results of the instruction and training of the children.

Gentlemen, no institution has ever been abandoned or given up after being established.

The essentially educational character of the earlier institutions has and should be maintained, but the relations of the different parts of instruction should be better understood. The strictly school exercises, in the early days the most prominent feature, still perform their necessary and proper functions, but now in harmony with but subsidiary to the more practical objects of the institution. Education as applied to the development of these feeble-minded children is now understood in the broadest sense, not as mere intellectual training, but as uniform cultivation of the whole being, physically, mentally and morally. The end and aim of all teaching and training is to make the child helpful to himself and useful to others.

Sir W. Mitchell well says: "It is of very little use to be able to read words of two or three letters, but is of great use to teach an imbecile to put his clothes on, to take them off, to be of cleanly habits, to eat tidily, to control his temper, to avoid hurting others, to act with politeness, to be truthful, to know something of numbers, to go with messages, to tell the hour by the clock, to know something of the value of coins, and a hundred other such things."

The Institution should be broadly divided into two departments: the school or educational, and the custodial. In the school department the children will be instructed in the ordinary branches of the common Schools, as compared with the education of normal children, the difference is one of degree and not of kind—the progressive games and occupation of the kindergarten, object teaching, educational gymnastics, manual training, and the other graphic and attractive methods now so

successfully applied in the education of normal children are especially adapted to the training of the feeble-minded.

These principles of physiological training of the senses and faculties, of exercising and developing the power of attention, perception and judgment, by teaching the qualities and properties of concrete objects, instead of expecting the child to absorb ready-made knowledge from books, of progressively training the eye, the hand, and the ear. With the feeble-minded children the instruction must begin on a lower plane, the progress is slower and the pupil cannot be carried so far.

In a school with several hundred children a satisfactory gradation of clasess can be made if the small proportion of children showing irregular and unusual deficiencies is assigned to special classes for instruction through individual methods.

A very prominent feature of our educational training will be the attention paid to instruction in industrial occupations and manual labour.

In this "education by doing" we not only have a very valuable means of exercising and developing the dormant faculties and defective bodies of our pupils but at the same time we are training them to become capable and useful men and women.

It will be quite sufficient to state that your school should be under the direction of a psychiatrist or psychiatrists on account of the nature and handling of the material it will harbour. It should be arranged so that all unfortunates committed to it will be made just as happy and comfortable as it is possible to make them, and in this way commitments to such an institution will not be fought by friends and relatives of those who should be sent there, but on the contrary, when the mental defectiveness of their children and its invariable consequences are made known to them, if they are not able to provide custodial care themselves, they will voluntarily commit their children to such an institution.

OCCUPATIONAL THERAPY—IN A MENTAL HOSPITAL*

BY F. E. DEVLIN, M.D.
Medical Superintendent, St. Jean de Dieu Hospital Montreal

IT is unnecessary for me, at the outset of my remarks to-day, to emphasize the degree of scientific and public attention that is now being given to the subject of Occupational Therapy as a measure of treatment, curative or palliative, to those afflicted with mental disease. Already in the United States, to further its development and advancement, the National Society for the Promotion of Occupational Therapy has been created. This organization will meet in convention next week in Philadelphia and I have been honoured by an invitation to address its members.

The reason of this renewed concern in the care of the mentally afflicted is not far to seek. The great war from which we have just emerged has quickened our life interest in every direction, in science not less than commerce. Moreover the gratifying results obtained through the effects of Occupational Therapy in the treatment of the soldiers suffering from the horrors and hardships of war (and here may I be permitted to mention with pride the high stage of efficiency reached by our Canadian Medical men in its application), these results, I say, have acted as a great stimulus to all those immediately interested in the problem of mental disease, to apply this form of treatment at least as a partial solution of its many difficulties.

In a word, until the pathologists have thrown more light on the causation of les psychoses périodiques ou manie-dépressive, démence précoce ou schizophérnia, as Kréplin now seems to style it, and other forms of acute mental disturbance, it is the best light we have to follow and I have no doubt that even after more precise pathological or bacteriological findings have been disclosed, Occupational Therapy will still prove a powerful adjuvant in the treatment of these diseases.

Whilst it is the duty of those in charge of this work in every country to bring about the results just mentioned, there is also an economic side to be considered. Placing (as a conservative estimate) our annual expenditure for the insane in Canada at the present moment at four million dollars, we will, in the next twenty years have expended at the

*Read in French at the meeting of the Association of French Speaking Physicians of North America, Quebec, September 10th, 1920.

present rate of population, eighty million dollars. If our population in that period of time increases sixty per cent. there will have been spent $128,000,000. If we take a larger view of the cost of the insane on this continent we learn that the United States is annually expending over $43,000,000. Adding together the sums jointly spent on the public institutions for the insane in the two countries at the present time we would reach at the end of twenty years, and that, without allowing for any increase in the population, a total outlay of $940,000,000. This, I think, is an additional reason why we should study and adopt if found practical, any line of treatment however simple, that will bring benefit to the patient and economy to the State.

You will note that I have been alluding in speaking of the insane, to the acute forms of mental disease or in simple language, to the diseases that afflict the mind that was. This is the particular object of this paper. I now wish, however, to digress for a moment to speak of Occupational Therapy in relation to the feeble-minded and that for the good reason that Occupational Therapy has made wonderful progress in the treatment of this form of insanity, and that the knowledge of this fact should excite us to make a more serious, prolonged and studied application of its possibilities to cure entirely wherever such a result can be obtained or at least to check the inroads of oncoming dementia particularly in the case of the young, with all the sad pictures that such patients present in our hospitals for the insane and in so doing, rendering the lives of those destined by fate to remain confined in our institutions at least agreeable and useful.

When we recall the fact that scarce seventy-five years ago, despite the advance of the world, religiously, socially or scientifically, the lot of the feeble-minded was little better than that which had marked its history since the early days of the Christian era, and this, in admitting to the fullest extent the various efforts made in different countries by individual or society in their behalf, actuated by motives of religion or philanthropy. Viewed in this retrospect we can but marvel at the enormous strides medical science has effected in their care, treatment, and general happiness since that epoch. And what was the condition of their lives and their surroundings at that time? They were at best herded together in prisons or alms-houses, the lowest grade idiot with the high grade imbecile or debile mental; practically no effort was made at their classification or education. All attempts at awakening any dormant light of intelligence had hitherto proved futile; this fact receives official confirmation in a report of a committee of the Academy of Sciences of Paris in 1844 when they stated that idiots, and they used the term in its widest sense, could not be educated by any means previously known or practised. The existence of the feeble-minded from

any intellectual point of view was little above that of the animal, and they were often, sad to say, objects of derision by those who beheld them. In a word, the greatest relief that could reach them was that the Angel of Death should end their miserable lives. I speak thus, not in condemnation of society at any time, for how could society be blamed for that of which it had no knowledge?

Dr. Walter E. Fernald, of Waverley, Mass., writes that in 1800, Itard, a celebrated physician of the National Institution for the Deaf and Dumb of Paris for five years, attempted the education of a boy known as the savage of Aveyron, found roaming wild in the forest in the centre of France; this boy could not speak any known tongue and devoid of all understanding and knowledge. Itard believed him to be a savage and for five years, with great perseverance attempted to develop at the same time the intelligence of his pupil and the theories of the materialistic school of philosophy. Itard finally became convinced that the boy was an idiot and abandoned the attempt to educate him. Subsequent to this period in 1818 and for a few years afterwards on this side of the Atlantic, at the American Asylum for the Deaf and Dumb at Hartford, an effort was made to improve the condition of the idiotic children. Ten years later, Dr. Ferret at Bicêtre, Dr. Fabret at the Salpêtrière, and in 1833, Dr. Voisin, in a private school for idiots, made some attempts at solving the problem but all of the plans formulated were discontinued. In 1837, Dr. E. Seguin, a pupil of Esquirol, bent his energies to the education of this class of the insane and for seven years laboured incessantly in this direction. In 1846 his classical treatise in the subject was crowned by the French Academy and has continued up to the present time to be the standard text-book for all those interested in the education of the feeble-minded. In 1848 Dr. Seguin came to America, where he was instrumental in establishing schools for idiots in various states. Dr. Seguin's system was one of physiological training of the senses and faculties, of exercising and developing the powers of attention, perception and judgment by teaching the qualities and properties of concrete objects instead of expecting the feeble-minded child to absorb ready-made knowledge from books, of progressively training the eye, the hand and the ear, and herein was laid the basis of modern Occupational Therapy.

Prior to Seguin, the dormant faculties of the improveable case of feeble-minded were left underdeveloped and he lived the same idle, sullen existence as the idiot of the lowest type. To-day the improveable case of feeble-mindedness passes his time at work or play in the various institutions spread over this continent just like his normal brother. True, his education is more limited, more restricted on account of his physiological shortcomings, nevertheless he is taught cleanliness and

simple ideas of right conduct; he is given instruction in manual labour; he is taught carpentering, printing, brick-making, stock raising, farming, domestic work, the manufacture of clothing, boots and shoes, brooms and brushes and other industries. Even with the very lowest grades of idiocy to whom custodial administrations are apparently the only form of care that can be given, even such cases can at times be taught to wait on themselves and give some attention to personal cleanliness and habits of order so that a fair number of them become less troublesome and disgusting. All of these measures, needless to say, mean greater economy to the state.

As it is my intention only to speak of the feeble-minded, to point out to you in their treatment the beginning of Occupational Therapy, I leave this branch of insanity which would require one or many papers to speak intimately of the progress of medical science in ameliorating their condition. I cannot, however, abandon this cursory glance of the relation of Occupational Therapy to the feeble-minded without calling your attention to the fact that just as French medical science did so much for the world and the American Continent in particular through the efforts of Dr. Seguin in 1846 in this division of medical research, so again in 1911 we find French genius in the persons of Drs. Binet and Simon returning to the problem of the feeble-minded by their system of examination of the intellectual level of children from the ages of 3 to 15. Their system of mental tests were speedily adopted on this continent and to-day form the chief basis of the various surveys made, and being made upon school children and defectives throughout Canada and the United States.

I think you will agree with me that in all intellectual pursuits we learn that knowledge is the forerunner of interest, interest of activity and from activity practical results arise, that mental idleness breeds pessimism, pessimism paralyses effort and without effort progress is impossible. That is why in the treatment of disease, no matter how simple or new the methods may appear, providing any results have been obtained therefrom, we should immediately investigate and apply them. And as good results have followed the usage of Occupational Therapy elsewhere in the case of the mentally afflicted, we should endeavour to study and apply its effects in our own institutions in a more scientific manner than has hitherto prevailed. What better means have we of forming an opinion of the value of an individual to himself or the community than by the study of the sum of his intellectual and physical activities. Herein lies the best avenue for us to follow towards his understanding.

Equally do I hope that in the evolution of Occupational Therapy in the setting in a scientific manner of the patient's mind and body, to work or play, we shall, degree by degree, better be able to observe,

understand and study the hidden mechanism of mental disease, mechanism that to-day baffles us. The interest that this knowledge will excite, will stimulate us to greater efforts to bring about its cure or at least to stay its course, but, above all, I hope to aid in its prevention. It will necessarily be a matter of time but what time can be better spent in the field of human endeavour? Before outlining a technical observation or two in regard to the subject, for it is as yet in its infancy, I would like to free your minds of a possible misconception that my remarks may have inadvertently given rise to, in regard to work actually being done and that daily in our institutions for the insane. In many ways our hospitals for the mentally afflicted have become busy hives of industry compared with thirty years ago. Take, for instance, in the matter of personal cleanliness, order and well-being, the Medical Director of the Canadian National Committee for Mental Hygiene, Dr. C. K. Clarke of Toronto, himself a former medical superintendent of many years' standing, has expressed in a most eulogistic though just manner his appreciation of St. Jean de Dieu Hospital in this regard and let me assure you that the obtaining of this result has entailed a great amount of labour and devotion on the part of the Reverend Sisters of Providence, the proprietors of that institution. Besides, a visit to our outdoor and indoor departments of industries will show you a number of patients at work. If you were on the other hand interested in therapeutic measures employed in combatting mental disease, you have only to visit our wards destined for that purpose. As regards criticism of our institutions we welcome that which is just and true. The visit of a competent, experienced alienist is always a pleasure. The exchange of ideas with him we always find profitable, but what we pray heaven to protect us from is what Dr. Salmon, Director of the National Committee for Mental Hygiene for the United States styles "The itinerant alienist" who often at best has had a few months' experience in a hospital for the insane, who condemns that which he does not understand, who would destroy that which he cannot construct. In fact Medical Superintendents to-day are not waiting for criticism, we are criticising ourselves; for example, let me quote you from a paper entitled, "Demonstrations of Work Done by Patients in Kindergarten," by Dr. Richard H. Hutchings, Ogdensburg, N.Y., one of the finest and best conducted institutions on this continent. Speaking on the subject of work and play, in this paper he says: "For those of us who are interested in the care of the insane, the subjects of providing for the wants of our patients in this direction is one in which we have all felt the need of help and nowhere to my knowledge is the subject being worked out in the careful manner which its importance deserves. The necessity of providing both work and play for our patients is not thoroughly appreciated. It is only generally

known that employment is good for patients and idleness bad for them. When we go to a hospital for the insane and ask about employment, we have pointed out to us the various shops in which the patients work and are told how many find employment on the farm and on the grounds, in the kitchens, sewing-rooms, etc., and it is certainly creditable that most hospitals now provide ample work for all patients who voluntarily seek it or who will take it up upon the suggestion of the nurses or physicians. I have said elsewhere that the multiplication of industries in state hospitals has greatly added to the interest and enjoyment of those patients who can work (and Dr. Hutchings uses the words "can work" in italics), but it has done little to reduce the ratio of idleness upon our wards. I venture to say that should we go to the extreme limit of providing varieties of occupation there would still be a large number of idle patients. This is not what the idle patients need. What they want is for some one to take them in hand and train them to do something. It must be literally taking them in hand for many of them not only will not voluntarily rouse themselves to take part in work, but some will even struggle against it."

The doctor states further that a calisthenic class was established and only idle patients were admitted. The exercises began with simple marching to music. The music was furnished by a piano, a violin, a bass drum and cymbals. A large proportion of nurses were detailed to the patients and the latter quickly took it up and kept fairly good time within a few weeks. Some who showed interest were taken into another and smaller class which the doctor called the Kindergarten. There bright coloured pictures were provided and material and paste for the patients to work with and everything that would appeal to their interest—and, most important of all, a teacher who had the proper knowledge of the fundamental principles of teaching and an appreciation of the problem we had to meet. We began with the simplest things, stringing beads, cutting out pictures from magazines and pasting them on scrap-books, etc. Many of these patients, the doctor states, had done nothing for 12 or 15 years. They were idle, disheveled, and had for a long time been dressed and undressed and cared for as infants. In fact into this Kindergarten class, only those whom the nurse could not get to do anything were admitted. Many of them had hands and fingers so stiff that the first care was to massage their hands until the use of them was in a measure restored. In a number of the patients the fingers were so stiff and awkward that until they had been thoroughly worked with, they were unable to do anything—unable to hold scissors, unable to pick up button or pin and had become almost helpless from disease of the hands. Of the work done by these patients the doctor mentions scrap-book pictures, bead-work baskets. All of them were

deteriorated, all of them idle and in all probability would have continued so if they had not been taken in hand. "I am very much pleased to say" the doctor continues, "that eleven patients out of this class have gone home. In all probability none of them would ever have gone home except for the help they received in this class. They were not much improved mentally, but when their relations came to see them and found them quiet and orderly, they decided they could take care of them at home and have done so." Dr. Hutchings expresses the belief that the day will come that if a patient is found soiled, idle or assaulting, this event will be a subject for investigation and explanation.

Dr. W. A. Bryan, Assistant-Superintendent of the Denvers State Hospital for the Insane, in a recent article on the subject of "The re-education of Demented Patients," tells us of an intensive study they are now making in that institution on this class of the mentally afflicted. Classes are formed that take place in the morning from 9 to 11.30 and from 1.30 to 4.30 in the afternoon. He states that he finds by practical experience that the play instinct is the readiest mode of approach to most patients and that this is one of the best means of building up their physical health and breaking up their habits of introspection by various exercises and games. Class sessions are always initiated by fifteen minutes with the medicine ball in which every patient, who is physically able, joins. This is under the supervision of a gymnastic instructor and each patient is carefully observed to prevent fatigue. The doctor states that no matter how apathetic or apparently demented patients may appear to be, there are few cases which do not make some effort, after a few trials to respond when the ball is thrown to them and toss it back to the leader. The medicine ball, he finds, is one of the most valuable pieces of apparatus they possess. Following this there is a brief drill of setting up exercises consisting of simple movements. He mentions as one of the first steps in their re-education, the tearing of rags or picking cotton. The picking of cotton is the filling of discarded bed-pads, the small pieces of which are used to stuff fancy pillows. And as the patient's education is proceeded with, rug weaving, crocheting, tatting raffia, reed basketry, and other forms of work are introduced. The doctor insists on the breaking of the monotony of work by music and games. Stress is laid on bodily habits, dress and tooth drill before patients going to class. Patients are trained preferably in groups to develop sociable ideas. The doctor speaks of the approach to the patients through the study of his primary instincts; instincts of play, imitation, constructiveness, affection, self-assertion, curiosity, sympathy, rivalry, pregnacity; in certain cases and occasionally the sex instincts as expressed in modesty and vanity. Dr. Bryan speaks of eighteen months of endeavour in this direction and as a result of their system of

habit formation, they have periods of two weeks without an untidy patient in some of the wards and no ward has more than three habitually untidy patients. A practical economic point to be noted is the fact that the amount of laundry sent out for each ward has been cut down from four sacks to a sack and a half daily. Time prevents me from quoting more fully many other excellent comments and suggestions. The doctor concludes in stating that an intensive study of habit formation is now being contemplated in his institution.

A still more brilliant result of the good effects of Occupational Therapy was shown this summer at the Cleveland meeting of the American Medico-Psychological Association. It was the photograph of a young lady confined in one of the Illinois State Hospitals for the Insane. She was suffering from dementia praecox (a common form of insanity particularly with the young) and was in a state of catatonia. She would stay for hours with body in the same position utterly oblivious to all her surroundings. She had been in this state for over four years and her condition was regarded as helpless. A bright intelligent nurse undertook her treatment, day by day she worked with her. After some weeks the patient began to show signs of awakening from her lethargy. She was trained to wash and dress herself; she was then given occupation. Her interest in everything quickened, in a word, after a year's treatment, she left the hospital cured and has since been earning $25.00 a week as a stenographer. Needless to say this result cannot be obtained in all cases of dementia praecox but if, as some believe disorganized habit is part of the disease, then habit formation is the natural treatment indicated.

THE CANADIAN JOURNAL OF MENTAL HYGIENE, commenting on a pamphlet by Dr. L. Vernon Briggs on the subject of Occupational Therapy, contains this statement that "compared with the progress which has been made in the fields of therapeutic occupation for the blind, the crippled and other handicapped individuals, therapeutic occupation for the mentally ill has not received the impetus which it should have received. Comparison of statistics covering the work of a purely therapeutic nature shows little increase in the past two years although ward and farm work has increased. This is probably due to economic reasons rather than to therapeutic application of this work to individual needs."

To give a practical bearing to my remarks, I would suggest as a tentative program of Occupational Therapy for the Insane:

1. The training of a certain number of nurses, religious or lay, in each hospital for the insane to be known as nursing therapists, under the direction of one of their number to be known as Chief Therapist.

2. That their entire time and energy be given to this problem under the direction and in conference with the medical superintendent and his staff.

3. The creation of an index-card system of Occupational Therapy for every patient which will note the effects and progress, or otherwise, in each individual case.

4. The training of patients in groups of twenty, to which each patient will be assigned as soon as any special treatment he may require is finished. This group treatment being necessary to develop social tendencies.

5. The creation of daily schedules of work or play for each group and a twenty-four hour schedule for patients of markedly bad habits.

Such a system, or one of a similar character worked out in detail, should be adopted if we would accurately note, collect, and record all the facts and data necessary for the evolution of this branch in the treatment of the insane.

In conclusion, I am of the opinion that the time has arrived when we should endeavour to seek out the good effects of Occupational Therapy and apply them not alone in our demented cases but as far as possible to all stages of mental disease. Its results may prove of incalculable benefit to our patients and of joy to their families. To the State the great saving in the cost of their maintenance, in preventing or uprooting habit disorganization, in the creation of much by their labour, that is also useful to themselves, in the enormously increased number of cases fit for parole and that for considerable periods of time and last but not least, the greater probability of the restoration to health, mental and physical, of many of these persons who will thus be enabled to lead lives of usefulness to themselves and to society.

JUVENILE DELINQUENCY AND MENTAL DEFECT*

BY C. K. CLARKE, M.D.
Medical Director, Canadian National Committee for Mental Hygiene

CANADA has taken stock of her population at the census periods and has learned some things of value in deciding certain problems, although many questions of the deepest import have been untouched. That was inevitable under present conditions, and it has been left for such organizations as the Canadian National Committee for Mental Hygiene to probe some matters which have been, up to the present, a veritable "terra incognita." True, amateur social reformers have found this unknown world a rich soil in which to cultivate speculative theories; valueless, unless supported by facts which cannot be controverted. The proportion of mentally handicapped children in our midst, for example, could never be definitely settled without careful surveys carried on by people competent to conduct them. In the City of Toronto, which has a public school population of something like 85,000, it was gravely stated, before the Canadian National Committee for Mental Hygiene came into existence, that there were two hundred and fifty subnormal children in the various classes. Since that date a careful survey is being made not only by the National Committee, but also by the Public Health psychiatrist, and it is quite clear that at least 3 per cent. of the school population will prove to be mentally handicapped, just as is sure to be the case in almost any community made up of the heterogeneous elements to be found in large urban centres. At all events it is most important that we should obtain reliable facts. It will take time to make surveys, but the work is being carried on as rapidly as possible in all of the Provinces.

It is all very well to talk of fighting evils, the existence of which is patent to the most superficial observer: it is altogether a different matter to find the proper means of eradicating them. Take the tragedy of venereal disease alone—the game of suppressing prostitution has been tried a thousand different ways—laws have been passed, but rarely enforced—the poor girls who ply an unholy trade have been shunned and sometimes persecuted, and when medicine has held out a helping

*Read before the Mental Hygiene Section, Meeting of the Canadian Medical Association, Vancouver, June 21. 1920.

hand to the unfortunates in the street, what has it accomplished? The girl has been cured of her disease merely to be turned out again to be reinfected and in due course to infect others without the slightest attempt to measure up her mental capacity or to help her to fight against temptation and vice. To the psychiatrist it is plain that the sin is to be laid at the doors of a system which fails to make proper provision for the detection of the multitudes of mental weaklings who drift into prostitution, just as surely as a chip floating down a rapid stream must inevitably go over the rapids which await it. The arm chair students of sociology pooh pooh the statement that the majority of fallen women are mentally defective, but the facts are incontrovertible. Economic instability is often stated as the cause, and almost every reason but the right one is unduly emphasized. A morbid literature has given rise to the theory that the demimondes are recruited from the ranks of brilliant but restless girls who are carried away by the glamour of easily acquired money and luxury. No doubt a small proportion may come under this classification but the number must be inconsiderable, as sooner or later practically all reach the observation of the skilled physician and the census can easily be made. A careful mental estimate shows that the flashy high grade moron is frequently given credit for an intelligence quotient she does not possess. Of 438 girls who admitted prostitution and who were sent to the venereal disease and mental clinics at the Toronto General Hospital during the last two or three years over 90 per cent. were distinctly feeble-minded or insane. The proportion of normals among them was so small as to be negligible. Many of these children were attractive from the physical standpoint and knew how to dress in a way to appeal to the men who consort with girls of their type—some were flippant and pert, but the striking points were the lack of shame and judgment, the absence of moral sense and the easily detected mental defect. Their stories were told without embarrassment or ordinarily any attempt to justify themselves by putting the blame on the men. Occasionally some of them would elaborate childish accounts of their downfall, but in nearly every instance these were palpable fabrications and related simply for the sake of effect.

Recently an analysis of 4,319 cases of different mental types who had passed through the Toronto General Hospital psychiatric clinic was made. These came in rotation, and while they form only a part of the record of that clinic they furnish some interesting facts regarding certain problems about which a great deal of vague theory had been exploited. Of these patients 2,657 were males, 1,662 females. Fourteen hundred and nineteen were delinquents who were sent for examination by the Juvenile Court.

AGE

1,636 were between 10 and 15 years.
786 were between 5 and 10 years.
140 were under 5 years.
472 were between 15 and 20 years.
1,071 were 20 and over.
2,440 were mental defectives.
538 were insane (Dementia Praecox in most instances).
98 were mentally defective and insane.
63 were cases of General Paresis—many suffering from the juvenile forms.

A further analysis of the figures showed that 741 females were immoral, 438 prostitutes, 286 unmarried mothers, 206 known to be suffering from venereal disease, 227 were girls working in factories.

In regard to the latter group it was interesting to note that in practically every instance there was marked mental defect as well as immorality. The work they were doing was of the simplest variety—ordinarily packing candy or biscuits, and the wages received small—the explanation being that their mental capacity did not fit them for occupations requiring skill and even average ability. Immorality was almost inevitable under the circumstances, although few of the patients would admit that they were immoral for the purpose of making money. The attractions of motor joy riding appealed to them most strongly. The theory that their downfall was owing to the small wages received did not receive any confirmation, and the obvious explanation was that they were given small wages simply because they were not worth more to their employers than was being paid them. The lesson to be learned from their statements is that industrial psychiatry must become a live issue in the near future, and that factory supervision of a superior kind must be instituted.

In order to trace the connection between mental defect, juvenile delinquency, and industrial incompetence, a careful survey of conditions surrounding these problems is being carried on by the Canadian National Committee for Mental Hygiene, as it is felt that by studying the life histories of the individuals involved great light may be thrown on several problems which are by no means clearly understood at the present moment.

The Juvenile Court in Toronto has furnished the clinic with 1,419 delinquents in a short period, and as practically all of these children were of school age it is at once realized that there is a serious failure in Public School methods to anticipate many of the troubles which are inevitable under a system not developed, with an idea of a consideration of the individual pupil. It may be urged that in a small proportion of

cases truancy was the form of delinquency for which the child was haled before the Juvenile Court. In the opinion of the writer there is little likelihood of truancy occurring under a well-devised Public School system. It has been found in such centres as Vancouver that with the installation of Special Classes truancy practically disappears. The explanation is simple. As a rule, truants are derived from the dull normal or high grade defective groups. These children fail to keep up with other pupils, they realize their failure and are without ability to overcome it, and naturally react against surroundings which are not congenial. Place these weaklings in special classes where they may be interested along lines that appeal to them and they are no longer truants and delinquents.

Theft was the most common charge against the juvenile delinquents brought to us for examination. Many were habitual thieves—anti-social and already at such a stage that institutional treatment was the only thing to be recommended. This was a tragedy because it was so frequently the case that the early detection of the mental defect and careful development in special classes or in a Boys' Village would have prevented the children from becoming anti-social and incorrigible. The more we see of delinquents of this class the more we are convinced that the hope of improvement rests with Public Health Departments and School Boards, who must recognize the fact that they have an important duty to perform that has heretofore been greatly neglected. I have been roundly scored for referring to the menace of retaining subnormal children in association with normals because of the danger of moral contamination, and yet obstinate facts will not permit me to withdraw from the position assumed.

Leaving aside the many unpleasant facts brought to notice outside of the clinic, the Juvenile Court furnished us with eighty-six cases of immorality among school children. The details of these cases would convince even the most critical theorist that such children are really a menace not to be ignored. Anyone who has had experience with children recognizes the fact that the influence of good or evil is all powerful with minds in the formative stage, and the effects of bad example and poor environment are too well known to require further comment. It may at this stage be suggested that some of the people of Toronto who become extremely agitated when I make this statement, for fear that I refer to Toronto Schools alone, may feel relieved when I supplement whatever has been said by making a further remark to the effect that what is true in Toronto is equally true of any public school in Canada. In other words, a wise public school board, no matter where situated, will go to no end of trouble to keep its normal children free from sources of contamination that are easily detected, and just as

easily remedied. Indeed I would go further and suggest that a careful study of the teachers would occasionally reveal the fact that the importance of a careful survey of the individuals placed in charge of developing children cannot be overestimated, and also that some at least are not of the type to produce the best results. The reasons are self-evident.

Bad environment undoubtedly plays an important role in the production of the juvenile delinquent, although the investigations of our social service workers, show that the study of this phase of the question is a complicated one. The bad environment is so often the outcome of the poor mentality of parents that it becomes a simple matter to confound cause with the effect. In our analysis some seventy-nine cases of delinquency were said to be owing to environment and bad home conditions. As suggested though, the question is a difficult one, and it is always to be remembered that the mental weaklings react most quickly to the evil influences of a bad environment.

In our list no less than seventy-four had been guilty of "setting fire" and in the majority of these cases the children were anti-social, incorrigible and clearly unfit for anything but institutional care.

This is merely a brief outline of a few of the things found in our clinic—things which prove beyond argument that if we are to secure the lessening of vice, we must begin our work by a careful study of the individual in schools with the idea of controlling and treating the defective and diseased at the earliest moment possible.

THE PAROLE OF THE INSANE*

BY O. NOEL, M.D.
Assistant Medical Superintendent, St. Jean de Dieu Hospital, Montreal

THE subject I wish to lay before you has always been a matter of intense interest and many associations are concerned with this weighty question, namely, the allowing out on parole of patients interned in hospitals for the insane.

It has been said that certain patients interned in some of these hospitals could have been discharged with advantage.

This may have resulted from the fact that the organization of some institutions for the insane had not reached the high stage of perfection claimed, and with good reason, by most of the large hospitals and particularly by those of the Province of Quebec with which we are more especially interested.

I have often heard very intelligent physicians say that this or that patient had been committed to, and kept in a hospital when he was not insane. I have then endeavoured to enlighten these confreres, not by merely asserting that the commitment of such a patient was justified, but by acquainting them with the precautions adopted to prevent any abuse in placing a patient in a hospital for the insane; in informing them of the legal formalities required for the admission of each patient, of the study made of the mental condition of each patient and the attention and care given to the patient with a view to his liberation.

These are the considerations I wish to discuss before you to-day and my aim will be reached if you are, as it were, the apostles of science if you accept and spread among your clientele, the conviction that there are not, in the Provincial Hospitals for the Insane, any patients whose internment and custody are not subjected to the most conscientious attention by the medical staff.

Each patient admitted to an insane hospital is accepted only on a declaration by a doctor from the outside attesting under oath that such a person is insane and giving a description of the facts which have led him to make such a declaration. On the date of his admission, the patient is submitted to a mental and physical examination by the doctor in charge. The next day he is again examined as to his mental condition

*Read in French at the meeting of the Association of French Speaking Physicians of North America, Quebec, September, 1920.

by the head alienist of his department, re-examined by the medical superintendent or his assistant, and in the week of his commitment his case is submitted to a meeting of the entire medical staff with a view of ascertaining his mental condition, and for discussion and selection of adequate treatment.

Each new patient must be, the first month, examined at least once a week. His case will then be looked into every other month for the period of one year. Notes will be taken on the condition of the patient at the time of his examination and these will be dated and filed with his mental history. Each patient being in permanent contact with his nurses and attendants, can be reported, if he so desires, to the doctor who visits his ward daily. He is permitted to see his relatives and friends, to tell them of the treatment he is receiving, and if he believes himself to be of sound mind he can endeavour to so persuade his visitors who can then take an interest in his case. Moreover, the law allows him to write to certain people; these letters are read only by the person to whom they are addressed and can be sent to relatives, to the applicant for his commitment, or to a member of the executive council of the Province of Quebec. After having been submitted to the examinations I have described, and enjoying the relative freedom allowed each inmate, it is impossible that a person of sound mind can be ignored, mistaken for insane and kept at the hospital.

Once the mental condition of the patient is well determined, his case is not forgotten; the chief attendant in each ward is required to make a daily report and to inform the visiting physician of any change in the condition of the patients. Anything that might have been overlooked by the attendant is pointed out to the physician by the patient himself, whose initiative grows as his condition improves. The relatives or friends of the patients would not fail to mention any improvement or cure they would have observed. The examination of the patient every other month does not permit of an improved case being overlooked. The frequent visits of the medical superintendent or his assistant to whom the patient may always report, the desire of these officers to diminish the ever-increasing population in their hospital, all of these elements help in discovering the least improvement in the condition of the patient and aid in having him listed, the improvement being noticeable, with the patients to be allowed out on parole.

Permission to be allowed out on probation can be given, in some cases, to any patient whatever may be his mental condition. He can be discharged as cured, improved or unimproved. A patient when cured must be discharged from the hospital. He has then the right to go out and provide for himself. If he is not in a condition to do so he will be entrusted to the care of his friends or relatives if they wish to

take charge of him. If not, his case will be looked after by the officers in charge of the patients out on probation.

The improved patient will also leave the hospital if a convenient position, where he will be cared for to a certain extent, where good advice can be given him and where he can be looked after, can be found for him. In this state of improvement the patient will be placed under the care of his relatives if they are willing to take charge of him, and if not, the investigating officers of the hospital will be required to find him a suitable position. These officers are the connecting link between the patient, the hospital and the employer.

The unimproved patient, just as the incurable patient, if he be not dangerous or scandalous, may at times be allowed out on probation provided that his family, or those assuming charge of him will give him the medical and custodial care his condition demands.

I have spoken of the officers who are concerned with the patient out on parole. These are called "Field Workers." They have played an important part in the care of such patients and are expected in the future to be a great help in that field.

The "Field Worker" is required by the medical authorities of the hospital to find suitable employment for the patient; to give a description of the patient's new place of residence and to thus enable the medical superintendent to decide whether life in that particular place will be beneficial or not to the patient.

Oftentimes, making use of her wide experience in outside matters, the "Field Worker" will point out the most convenient place to which the patient can be sent. She can lessen the difficulties encountered by the patient when it is time for him to leave the quieter life of the hospital to go and provide for him or herself.

Moreover, the "Field Worker" gives the patient the encouragement his condition requires, and does away with a lot of difficulties. She calls on the relatives, persuades them that the patient is worthy of their consideration, and helps to do away with the indifference which unhappily exists at times, for some relations seem to be under the impression that the mentally afflicted must necessarily spend their life in hospital for the insane. She shares with the relatives in the responsibility as to the care of the patient, thus helping the latter.

When she has to deal with patients who have no relatives the field worker will find them suitable employment, and it is here that her work is most valuable. She will not look for any kind of employment, but for a position well fitted to the patient's condition, with an employer who is willing to work hand in hand with the hospital authorities, for the best interest of the patient.

This work done by probation officers, together with the efforts of the hospital physicians in their endeavour to increase the discharge of patients by placing them conveniently, is not only a highly humanitarian enterprise, but also results in a great saving to the state by shortening the stay of the insane in the hospital, and cutting down the cost of their maintenance. In the year 1919 and in the first six months of 1920, the largest of the hospitals for the insane in the Province of Quebec, has saved to the province a sum of $41,580 by this system of parole, having granted 77,000 days of probationary absence to 467 patients.

Gentlemen, to those who will tell you that there are in hospitals for the insane too many patients you will, I hope, endeavour to explain that the two principal factors which contribute to the crowding of our hospitals for the insane are heredity and congenital conditions; that the way to combat them is to prevent consanguine marriages, especially between families with doubtful heredity, and that children should be begotten according to principles of sound hygiene. This is the surest way of decreasing the number of the insane in the generations to come.

THE ROLE OF THE PSYCHIATRIC CLINIC IN THE COMMUNITY*

BY GORDON S. MUNDIE, B.A., M.D.
Associate in Neurology, Royal Victoria Hospital, Montreal; Lecturer in Psychiatry, McGill University; Associate Medical Director, Canadian National Committee for Mental Hygiene

THE Psychiatric Outdoor Clinic has in the last few years taken an important place in the field of preventive medicine. The days when diseases of mental abnormality were simply diagnosed, or more often simply attempted to be diagnosed, and then relegated to the waste-paper basket, have passed. We now know that all our problems relating to general medicine, criminality, delinquency, venereal diseases, prostitution, illegitimacy, have often a definite mental basis, and it has been found that the proper approach to the solution of these problems is through the correction of the abnormal mental make-up. The result has been, that mental or psychiatric outdoor clinics have been established in connection with the general hospital or as separate units in many cities of the United States and Canada. The Psychopathic hospitals at Ann Arbor, Michigan, at Baltimore and Boston, are all well known and have so thoroughly proven that mental clinics are a vital part of preventive medicine, that there is an urgent demand for the establishment of these clinics throughout the country. In Canada the first psychiatric clinic was opened in connection with the Toronto General Hospital in 1909 through the efforts of Dr. C. K. Clarke, and from April, 1914, to February, 1919, 4,134 patients were examined. In March, 1919, an outdoor psychiatric clinic was opened at the Royal Victoria Hospital, Montreal, and during its first year of work over four hundred patients were examined. Last year also the Psychopathic Hospital in connection with the Winnipeg General Hospital, under the directorship of Dr. A. T. Mathers, was opened. There is, therefore, a rapidly growing interest among the medical profession in the treatment and prevention of mental abnormality.

The role of the psychiatric clinic in the community can best be discussed in its relations to eight different agencies as follows:

1. Relation to the General Hospital.
2. Relation to the General Practitioner.

*Read before the Mental Hygiene Section, Meeting of the Canadian Medical Association, Vancouver, June 21, 1920.

3. Relation to the Provincial Asylums.
4. Relation to the Public Schools.
5. Relation to the Courts.
6. Relation to the Charitable organizations in the community.
7. Relation to the General Public.
8. Relation to the Social Worker.

Before discussing these different relations which the clinic will have, let us try to describe in a general way what are the functions of a Psychiatric Clinic. To most people this clinic goes under the name of a "nut clinic" or a "bug house clinic" or "the upper story to let clinic." Their idea is that the clinic makes a long-worded diagnosis, but no treatment. To others the clinic is simply for diagnosing feeble-mindedness and nothing else. Others consider that it is merely for filling out commitment papers to send patients to the asylum. All of these views are correct, and none of them are correct. The clinic has to handle incurable chronic cases just as every clinic has; it has to fill out commitment papers for the asylums and in this respect is a valuable aid to the community; it has to face the problem of the feeble-minded, one of the greatest problems in the country, not an encouraging problem but one, which, if properly handled will, from the economic point of view, not to speak of the hygienic viewpoint, mean millions of dollars to our country.

The psychiatric clinic must be interested in all these problems but its role is much broader than that. Its object is to study all phases of social welfare from the mental viewpoint. Its role includes criminology, prostitution, illegitimacy, education, venereal diseases, industrial hygiene, dependency, and even invades the strongholds of surgery and internal medicine. It is felt that all these problems have a mental basis and it is only through studying them from a mental standpoint that a solution can be reached. Of course it is not felt that the psychiatric clinic is a panacea for all these ills, but it is felt that formerly too much attention has been paid to the purely physical basis of them. To study these problems from a mental viewpoint is then the broader and general function of the psychiatric clinic.

The importance of a psychiatric clinic in connection with the general hospital has never been fully appreciated except in those hospitals where the clinic has been in operation for some years. I am sure that if the doctors, nurses and social workers of the Toronto General Hospital, the Johns Hopkins Hospital or the Massachusetts General Hospital, were asked if the clinic was of any value to them they would say that it was of inestimable value, and that they could now hardly get along without it. There are constantly occurring cases in a general hospital which,

if given a psychiatric examination, would be of great aid to the physician and surgeon. Let me give you a few examples. A young girl was referred to the Psychiatric Clinic, Royal Victoria Hospital. She had run the gamut of the surgeons in two hospitals in Montreal. Her initial complaint had been pain in the abdomen so her appendix was removed. She then returned with pain still in the abdomen and one of her kidneys was removed. The pain, however, persisted, so her gall bladder was removed. After leaving the hospital this wound broke down and she had to return to the hospital for its repair. Next she was admitted to another hospital because she was vomiting urine and was thought to have a urinary fistula. Finally, with her abdomen covered with scars and still complaining of pain in the abdomen, which by this time might have a real basis, and an object of despair by the surgeons, she was referred to the psychiatric clinic where she was found to be definitely feeble-minded with a psychosis. Another patient was a married woman with one child who came to the medical outdoor clinic with complaints of depression, crying spells, and not being able to do her work. After treating her for a while with the ordinary tonics, she was diagnosed as a psychasthenic and referred to the psychiatric clinic. On examination she was found to be suffering from a mild form of manic depressive psychosis and that she dreaded meeting or talking with any one. She had a shut-in type of personality. With the aid of a social worker, who got her interested in outside work and friends, her whole outlook on life has changed and she has been prevented from taking the downward path which would eventually have led to the asylum.

The department of venereal diseases in a general hospital should be closely linked with the psychiatric clinic, because of what value is the treatment of active lesion of gonorrhoea or syphilis in a patient who is feeble-minded.

Relation to the General Practitioner

The ordinary general practitioner looks upon mental disease as something for which nothing can be done except to send the patient to a mental hospital. This view is probably true in the advanced cases but there are hundreds of patients suffering from a mild form of psychosis who, if they were properly understood and treated, would never have to be sent to a mental hospital. The attitude of the general practitioner towards these patients is the result of inadequate training in psychology and psychiatry in our medical schools. If our students were given a thorough understanding of the mental processes of human beings, they would not be satisfied with simply giving a patient who comes to them, complaining of depression or fears, an iron tonic and telling him "to forget his troubles." These patients require a careful analysis of their

mentality so that they can adjust themselves to their surroundings. We cannot make the environment suit each individual, but we can often so change the individual that he can adjust himself to the environment.

It is for this purpose that the psychiatric clinic is intended and with the advent of psychopathic hospitals where patients can be admitted, observed and treated in a scientific manner, it will be possible to prevent numerous patients being sent to a mental hospital.

Relation to the Provincial Asylums*

At the present time the standard of most of our asylums is not very high. They are overcrowded, understaffed with doctors, nurses and attendants; the staff is underpaid so that the class of nurses and attendants attracted to this work is not of the best. There is very little incentive to scientific study and research; the treatment of the patient is not an individual study. The whole standard of treatment is usually a mere custodial one. Occupational therapy in its many and various forms does not enter into the life of the patient.

The superintendents of many asylums often complain that patients are committed who are not suitable for their institutions. In this regard the psychiatric clinic should be of distinct value to them in first of all studying such patients who are considered by their family physician to be mentally abnormal. Many of these patients, if treated at the psychiatric clinic, could often be prevented from becoming commitable cases. This point is especially applicable in many cases of dementia praecox, manic depressive psychoses and cerebro-spinal syphilis. The pronounced case of general paresis is not curable but in the early stages when there is as yet only slight cerebral degeneration, and in the active cases of cerebral syphilis, where there may be marked excitement or depression, active and extensive treatment with salvarsan and mercury will arrest the progress of the disease and enable the patient to live a happy and useful life for many years.

There should also be a closer relationship between the asylums, the university and the general hospitals. The psychiatric clinic should be able to bring about this closer relationship. Arrangements should be made so that a member of the medical staff of the asylum should also be on the staff of the psychiatric clinic which would enable a better understanding between the different medical men, and prevent commitment of those patients to asylums who really do not fall within the legal status, but are more suitable for treatment in a psychiatric clinic.

*The word "asylum" is used advisedly, because very few of our Provinces have changed the name to "Mental Hospital."

Relation to the Public Schools

There has been recently a great deal of discussion in Canada regarding the merits of our educational system. In all this discussion, though very little attention has been paid to the child himself, and although the object of an education is supposedly to improve the child's mentality, very little attempt has been made to try and estimate the child's intelligence when he enters school so that he can be started along the right road.

Very bright or supernormal children, normal children and abnormal ones have been placed together in nearly all our public schools. It is a common fallacy that subnormal children will benefit by being placed with normal ones. This is a very serious error. What really happens is that the normal and supernormal child is hampered, and kept back by the feeble-minded child.

In the various surveys of the public schools in the United States and Canada it has been found that from 1 per cent. to 3 per cent. of the children are feeble-minded. These children constitute a serious problem to the school teacher, and the remaining normal children. In Vancouver a splendid start has been made to care for these mentally deficient children by providing special classes to teach them.

What every school board should have is a psychiatrist and trained social worker attached to the schools who would make a routine examination of every child. Their duties would be not only to pick out the mentally deficient child, but also to give advice on the supernormal child and the normal child who is backward or retarded for certain special reasons.

Until the school board sees its way clear to appoint such workers, the psychiatric clinic can render valuable aid along these lines. At the clinic in the Royal Victoria Hospital, Montreal, although we are conducting a survey of the children in the Protestant Public Schools, we are constantly having children referred to us by the teachers, because these children are not only failing to advance themselves, but are keeping back the other pupils.

Relation to the Courts

The investigations by Glueck at Sing-Sing Prison, by Healy at the Juvenile Courts in Chicago and Boston, by Anderson in Boston, the surveys of the Provinces of Manitoba and British Columbia by the Canadian National Committee for Mental Hygiene, the work of the Psychiatric Clinic at the Toronto General Hospital, and the survey of the boys sent to the Shawbridge Boys' School, P.Q., from the Montreal Juvenile Court all show that delinquency and criminality are closely connected with mental abnormality.

In Canada the relation between the psychiatrist and the judge sitting on the bench has not been very intimate. In Toronto* the Judge of the Juvenile Court refers practically all his cases to the psychiatric clinic at the General Hospital and in Montreal a large number of the boys and girls who come to the Juvenile Court are sent to the Psychiatric Clinic, Royal Victoria Hospital, for a mental examination. This connection between the court and the psychiatrist should, however, be so enlarged that every boy or girl is not sentenced until an opinion is obtained from the psychiatrist. At least 30 per cent. of juvenile delinquents are mentally defective, and it does seem irrational to impose a sentence on such a person, as if he or she were normal mentally. A number of these boys and girls may have to be put into institutions for the remainder of their lives, but a large number of them, if properly trained early in life, would prove to be industrious and law-abiding citizens.

Besides the mentally deficient juvenile delinquent, there are two large groups of children who are mentally normal, and often have an intelligence quotient of over 100. In one of these groups we have the moral degenerate, and in the other the boy or girl who has not been able to adapt himself or herself to the laws of his family and society.

I do not intend to say much about the first group—the moral degenerate. These cases, if obtained early in their life, will usually yield to the treatment of a hard physical life with instruction along the lines of sex hygiene. Some will not respond to any form of treatment, and these persons are best kept in institutions for life.

The second group is, however, a more interesting and difficult class to handle. Here we have a boy often with good home surroundings, given every advantage in life, but he will not, or cannot, adjust himself to the laws of society. He refuses to go to school, he plays truant, gets into bad company, may commit some petty thieving, and often ends up in the hands of the police. The boys, according to our mental tests, are normal mentally. These boys are a great problem to the superintendents of institutions to which they are eventually sent by perplexed parents or judges to whom appeals have been made. So far very little has been written regarding the treatment of such cases. They are usually classified as psychopathic or antisocial, and left as such. It is with such boys that the psychiatric clinic should be of great assistance. By careful analysis of the boy's mental make-up, of his heredity and environment, a course of treatment should be laid out which would turn this boy from being a menace and anxiety to his parents and the community, into a valuable asset to the country.

*The Toronto Juvenile Court has now a full-time Psychiatrist attached to it, and he is also Chief Probation Officer.

Apart from the juvenile courts every patient brought before the recorder's or other courts should have a thorough psychiatric examination. Statistics proved that from 60 per cent. to 80 per cent. of our prostitutes are feeble-minded; that a large percentage of our vagrants and other criminals are mentally abnormal. Does it seem rational to simply fine these persons or send them to gaol or penitentiary for a term of months or years? Would it not be wiser to try and solve the mentality of the person which makes him become antagonistic to the laws of society. New York State has made a start in this direction by turning Sing-Sing into a classification prison, where all prisoners are given a thorough physical and mental examination, after which they are sent to those institutions where they will obtain the correct treatment suitable for their particular condition.

Relation to Charity and Other Organizations

The charity organizations of every city in Canada are confronted with the problem of what to do with numerous persons who do not seem to fit in with their situation no matter of what nature it may be. These persons drift from pillar to post and are a constant source of expense to the community. Included in this class are vagrants, alcoholics, drug addicts, men who are incompatible with their wives, or vice versa, children who are a source of worry and anxiety to their parents because they do not seem to progress at school, or in the position which they hold, but have not yet committed any delinquency which would cause them to be sent to the Juvenile Court. From the physical standpoint these persons are often quite well but yet they are unable to find their niche in this world.

There is also the problem of the unmarried mother which the Women's Directory handles. Statistics prove that from 60 per cent. to 80 per cent. of these women are feeble-minded. If a woman is feeble-minded she surely must require different treatment from a mentally normal person. In Montreal every woman who applies to the Women's Directory for assistance is sent to the psychiatric clinic, Royal Victoria Hospital, for a mental examination.

In every large community there are numerous institutions for the child, whether he is a deserted child, orphan, or is unable to be cared for by his parents. In the past these children have been herded together, looked upon as a unit, given the required amount of nourishment, been clothed in garments of sombre hue, taken for a walk once a day, taught a little religion, respect and obedience to their teachers; care is taken that the child has no "catching disease", "no bugs", measles or scarlet

fever, and then, when they have reached the mature age of fourteen or fifteen, are sent forth to take care of themselves.

The psychiatric clinic can render valuable aid to all of these organizations by making a thorough mental examination of these problem cases, and by giving advice as to the best situation into which they should be placed.

Relation to the General Public

The public in general looks upon a person or relative suffering from mental disease as something to be abhorred, to be hidden. A person may be suffering from tuberculosis in its worst stage, from diabetes or any loathsome disease, but discussion of him is not tabooed, but once it is known that he has a mental breakdown, all hands are thrown up in horror and despair.

Modern studies, however, teach us that a large proportion of persons suffering from mental diseases can be cured. If the same accommodation was provided for the care and treatment of mental diseases as for physical diseases, the number of cured patients would be greatly increased. It is in this connection that the psychiatric clinic can be of value to the community. It can serve as an educational centre for teaching the general public, that because a person is suffering from a mental disease he should not be an outcast from society. Also, if the public realizes that a large proportion of mental diseases are curable, patients will be brought to the clinic in the early stages of the disease, and in this way the number of curable cases will increase.

The public must also realize that the clinic is not merely for diagnosing feeble-mindedness and insanity, but to try and help solve all cases of mal-adjustment.

Relation to the Social Worker

All general hospitals, dispensaries, charity organizations and institutions, juvenile courts and hospitals for mental diseases* now realize that the work of the social worker is indispensable. The day when the social worker was on trial has passed; she is now recognized as one of the most valuable aids in helping the physician to solve both physical and mental disease.

During the last few years the demand for trained psychiatric social workers has been so great that the supply has been inadequate. Every recognized course on social work in our universities now includes a course on neuro-psychiatry.

*Verdun and St. Jean de Dieu Asylums, Montreal, now employ a social worker to investigate and help all patients on parole. This social worker is under the supervision of The Canadian National Committee for Mental Hygiene.

The social worker is a valuable assistant in the Psychiatric Clinic. She makes a thorough investigation of the patient's complaints, history, heredity and environment. She adjusts the patient's capabilities to his or her surroundings. She arranges for a patient's commitment to an asylum when the disease has progressed so far that he is dangerous to the community.

To fulfil all these conditions the social worker must have a good general education, a course in general social work, a course in neuro-psychiatry, including case-taking and field work.

Her relation to the psychiatrist must be a very close one, although in many ways their work is independent of each other. She brings valuable assistance to the physician which enables him to diagnose the condition, and after the diagnosis is made she is a strong force in affecting a cure.

Conclusion

The community, until recently, has laid too much stress on the physical side of disease. In order to make our country a bigger and better country to live in we must pay more attention to the mental side of our people. In this regard the work of the psychiatric clinic is valuable. Its purpose is to prevent and preserve the mental health of persons, to diagnose and estimate the number of feeble-minded and mentally abnormal persons in the community, and lastly to try and solve the problem of those persons who physically well, are not feeble-minded or insane, but are misfits in the community.

REPORT OF THE PROCEEDINGS OF THE SECOND ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

(The Annual Meeting was held in conjunction with the Canadian Medical Association, The Canadian Public Health Association, The Canadian Association for Prevention of Tuberculosis, The Canadian National Council for Combating Venereal Diseases, and the British Columbia Hospital Association. Four meetings were devoted to the consideration of mental hygiene topics. Two in particular were largely attended, and created marked interest. An evening session, open to the general public, was addressed by the Hon. Dr. J. D. MacLean, Provincial Secretary, Dr. C. K. Russel, and others, with Dr. Charles F. Martin in the chair. An account of the proceedings in Vancouver, other than those included in this report, will in due time be published.)

VANCOUVER, B.C.
JUNE 22ND, 1920.

DR CHARLES F. MARTIN, President, took the chair, and Dr. C. M. Hincks acted as Secretary.

READING OF THE MINUTES

The Minutes of the last annual meeting, held in Toronto on May 26th, 1919, were read and adopted.

APPOINTMENT OF NOMINATING COMMITTEE

The following were appointed to act as a nominating committee: Dr. C. K. Russel, Dr. C. E. Doherty, Principal W. H. Vance, and Dr. C. K. Clarke.

PRESIDENT'S ADDRESS

Dr. Charles F. Martin expressed the delight of the Committee in holding the Annual Meeting in Vancouver because British Columbia had been notably progressive in adopting an enlightened mental hygiene programme. He intimated that out-of-town members had been royally entertained and would never forget the many courtesies shown.

The President took occasion to outline valuable work that had been accomplished by the Committee during the last year. He said that much had been done in educating the public concerning the problem of mental abnormality, and the need for the provision of adequate facilities for diagnosis, prevention, and treatment.

During the year, provincial surveys had been conducted in British

Columbia and Saskatchewan. As a result of the British Columbia study the following commendable progress ensued:

> Provision for the establishment of a training school for mental defectives on the Essondale property; arrangement for a new building at Essondale for acute cases of mental disease, and for the erection of a nurses' residence at New Westminster; abandonment of present building used as an Industrial School for boys; extension of the special class system in Vancouver public schools; the probable erection of a psychopathic hospital in Vancouver, etc.

The survey in Saskatchewan had been interesting and stimulating, and recommendations would be made for the establishment of psychopathic hospital facilities, provision for the feeble-minded, etc.

Dr. Martin was particularly interested in the education of the Canadian medical student in psychiatry, and stated that McGill University would soon have the advantages of a psychopathic hospital in this connection. It was emphasized that the mental hygiene movement would be continually hampered in its progress unless our physicians were trained in the diagnosis and treatment of mental abnormality. The chief work, therefore, of the Canadian National Committee would of necessity be directed along lines that would facilitate better medical education.

The President expressed approval of the extension of activities to include educational and industrial psychology, and concluded by complimenting the executive officers on accomplishments during the year.

Reports of Executive Officers

Reports were read by the Medical Director, Associate Medical Director, and Secretary. These accounts are submitted at the conclusion of this report.

FINANCIAL STATEMENTS FOR YEAR ENDING DECEMBER 31, 1919

THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

I.

BALANCE SHEET

As at December 31, 1919

Assets		
Cash on hand and in bank		$2,111.92
Expense Advances, Assoc. Med. Dir.		4.83
Subscriptions:		
1918 unpaid	$1,750.00	
1919 unpaid	2,399.33	
1920 unpaid	18,979.97	
1921 unpaid	4,299.98	
		27,429.28
Office Furniture and Equipment	1,794.75	
Deduct		
Reserve for Depreciation	142.89	
		1,651.86
Prepaid Expenses:		
Rent	130.00	
Stationery estimated	50.00	
		180.00
International Committee for Mental Hygiene		75.01
		$31,452.90
Liabilities		
Secretary's Expense Account		$ .59
Subscription Reserve—		
Subscriptions due in future		23,279.95
Supplies—		
Balance forward from 1918	$8,402.31	
Deduct		
Excess of operating expenses over income for 1919	229.95	
		8,172.36
		$31,452.90

II.

SUMMARY

Cash Receipts and Payments for the Year ending December 31, 1919

Receipts

Petty cash on hand Jan. 1, 1919	$ 15.00
Cash in bank Jan. 1, 1919	4,967.16
Subscriptions	25,668.98
Overdraft Secretary's Expense Account	.59
Med Dir. Expense Advance Jan. 1, 1919	485.00
	$31,136.73

Payments

Salaries		$18,250.88	
Rent		2,000.00	
Postage		300.00	
Telegrams and Telephones		43.93	
Travelling—			
Railway fares	$2,015.82		
Hotels and meals	1,839.01		
Taxi and car fares	117.85		
		3,972.68	
Stationery and Supplies		693.72	
Printing, multigraph reprints, etc		761.99	
Taxes		58.00	
Journal of Mental Hygiene		1,361.94	
Miscellaneous		769.89	
Office furniture and equipment		598.83	
Library furniture and equipment		132.61	
International Committee for Mental Hygiene		75.01	
Assoc. Med. Dir. Expense Advance		4.83	
			$29,024.81
Petty cash on hand			43.70
Cash in bank			2,068.22
			$31,136.73

III.

SUMMARY

INCOME AND EXPENDITURE FOR THE YEAR ENDING DECEMBER 31, 1919

Expenditure

Educational Publicity	$7,424.19
Surveys	5,685.10
War work	726.28
Subscriptions costs	949.57
Organization	2,909.81
Administration	5,300.11
Industrial Psychology	106.97
Municipal Surveys	2,092.16
Mental Hygiene Course	820.28
Immigration	921.85
Journal of Mental Hygiene	361.94
	$28,298.26

Income

Subscriptions due in 1919—		
Paid	$25,668.98	
Outstanding	2,399.33	
		$28,068.31
Subscriptions due in 1920	18,979.97	
Subscriptions due in 1921	4,299.98	
Excess of operating expenses over income		229.95
		$23,298.26

(Signed)

FRED PAGE HIGGINS & CO.,

Chartered Accountants.

Report of Nominating Committee

The Nominating Committee brought in the following report, which was endorsed by the meeting:

Officers for the Ensuing year

Patron—His Excellency the Duke of Devonshire, Governor-General of Canada.

Patroness—Her Excellency the Duchess of Devonshire.

Vice-Presidents—Sir Arthur Currie, Sir Robert Falconer, Sir Lomer Gouin, Sir Vincent Meredith, Sir William Price and Lord Shaughnessy.

Treasurer—Sir George Burn.

Executive Committee—Dr. C. K. Russel, Chairman; Dr. E. A. Bott, Professor J. A. Dale, Dr. A. H. Desloges, Dr. C. E. Doherty, Dr. J. Halpenny, Dr. C. J. O. Hastings, Dr. W. H. Hattie, Mr. Vincent Massey, President—W. C. Murray, Dr. J. D. Pagé, Dr. C. A. Porteous, Professor D. G. Revell, Hon. Dr. W. F. Roberts, Dr. E. W. Ryan, Professor Peter Sandiford, Dr. W. D. Tait, and Rev. W. H. Vance.

Finance Committee—Mr. D. A. Dunlap, Chairman; Sir George Burn, Mr. J. B. Holden and Mr. George H. Ross.

Sub-Committee on Educational and Industrial Psychology—Mrs. D. A. Dunlap, Lady Eaton, Miss Helen Reid, Mrs. H. D. Warren, Dr. E. A. Bott, Professor J. A. Dale, and Rev. W. H. Vance.

Executive Officers—Dr. C. K. Clarke, Medical Director; Dr. Gordon S. Mundie, Associate Medical Director; and Dr. C. M. Hincks, Associate Medical Director and Secretary.

The following were added to the Committee: Sir Arthur Currie, Montreal; Dr. Malcolm T. MacEachern, Vancouver; Dr. J. W. MacNeill, Battleford, Saskatchewan; Dr. A. D. Campbell, Battleford, Saskatchewan; Judge H. S. Mott, Toronto; Dr. George Anderson, Toronto; Mr. P. C. Larkin, Toronto; Dr. C. B. Farrar, Ottawa.

Appreciation of Services of Officers

Principal W. H. Vance moved a vote of thanks to the officers of the Committee for their work during the preceding year. Seconded and carried.

(*Adjournment.*)

REPORTS OF EXECUTIVE OFFICERS

Report of the Medical Director

During the year a great deal of pioneer work has been done, and the magnitude of the task becomes more and more apparent as the demands from different provinces for surveys reach us. It is inevitable that what might be called necessary spade work has to be undertaken before we have a full knowledge of the situation facing us in the whole Dominion. It will take time, patience, and money to accomplish this, but the work is proceeding as rapidly as possible with the facilities at our disposal. We have made the best of the forces available, and when we are in a position to show the public how much was accomplished, our support will be even better than in the past.

In the early part of the official year the work of the British Columbia survey was done, and although it has not been possible, owing to an arrangement with the British Columbia Government, to make public our report until a recent date, yet the influence of that report has been marked and is resulting in practical reforms that will place British Columbia in the lead in some particulars in regard to its care of mental defectives.

As a matter of policy it has been thought advisable to direct much attention to educating the public to the immense number of mental defectives in the schools. This is something people can understand, and when surveys have been made in towns and cities, and the facts given publicity, the results have been immediate. No better illustration can be offered than Guelph, in the Province of Ontario. It was said before we commenced the survey of that town that little or nothing could be accomplished, as the Board was fixed in its ideas and was not likely to respond. As soon as we were in a position to furnish facts in regard to each school and offered suggestions in the way of a concrete problem the Board responded at once, and there is not the slightest doubt that the work done in Guelph will be far-reaching in the Province of Ontario. We were able to obtain for them a highly efficient and trained teacher from Vancouver, who showed conclusively that what we said was true, and visitors from far and wide are flocking to Guelph to study the methods being developed in that city.

Surveys of many centres in Ontario will be made in the near future, as they have been asked for, and when the enormous task of finishing the survey of the Toronto Schools is finished we will have a mass of details that will furnish a working basis in the way of facts and figures. The investigations being carried on in Montreal by our officers there will also add to the general information.

A good deal of time and energy have been devoted to giving addresses as well as making surveys, and in this way we obtained a measure of publicity for our Committee that is having its effect. In April the Saskatchewan Educational Association asked for a series of addresses to be given to their teachers. This was done, and Canadian Clubs and other organizations were visited in various centres and given an account of the work of the National Committee.

New Brunswick asked for a survey of its social conditions and institutions, and we responded as far as time would permit, and already a good deal of the work of that survey has been accomplished. This study will be completed early in the autumn, as well as a survey of the Province of Nova Scotia.

While it is true that the Provinces of Ontario and Quebec have not asked for formal surveys, nevertheless it is plainly apparent that the influence of the National Committee, even in these Provinces, is of the most pronounced kind, and they are indirectly responding to pressure that is being brought to bear upon them.

Now that we have succeeded in getting the active co-operation of the Dominion Government, the Red Cross Society, and the different Provinces, it is only a matter of time when our work will show even greater results than have already been accomplished. To illustrate the point it may be said that in connection with immigration definite results have been secured. It may be remembered that in my first report some reference was made to the evils of child immigration as carried on at that time. Facts were carefully collected and put in such form that no dispute regarding their accurcay could prevail.

One very well-known society was greatly disturbed over public utterances that had been made, but wisely investigated what we had to say, with the result that they made a specific promise that they would never, knowingly, bring another mental defective to this country. In order to test the truthfulness of this promise, your Medical Director made an inspection of one hundred and sixty-one (161) children at the Port of St. John, N.B.—children sent from England by the Society in question. It was nost gratifyimg to see that the Home had lived up to its word—not one defective child could be found in the group under examination.

Your Medical Director spent a week or more in St. John, and during that time supervised the landing of some four thousand immigrants, with the idea of giving assistance to the immigration authorities, and of making suggestions regarding the education of inspectors. It proved to be a simple matter to detect the defectives and insane and to turn them back to their own country. This demonstration was of assistance in

instructing inspectors, and aided the very capable and energetic head of the Immigration Department—Dr. Pagé.

We have just completed a survey of the Province of Saskatchewan. The material has not yet been put together in the shape of a formal report, but in the near future may be looked for.

Alberta has also asked for a survey, and when this is completed we will have a comprehensive knowledge of social conditions in the Western Provinces.

As was pointed out before, it is fully realized that it is absolutely essential to cover the work of provincial surveys thoroughly before launching out into the investigation of certain problems of great import. These surveys will take time, of course. After that work is done and constructive policies develop in regard to the insane and defectives in each province, we will be in a position to follow up in a more thorough way than we are doing at present such questions as those of industrial psychology. Already we are laying the foundation for work along these lines.

It was thought advisable to continue the course of instruction on Mental Hygiene at the University of Toronto. Last year this course came in for some criticism that was not well founded, and was largely based on misconception of what we are attempting. While some of the pupils of last year's class may not have benefited, yet the majority proved most successful and have done work of which we are very proud—notably in showing how the point of view we wish to illustrate may result in practical things of the utmost value to the country. While the pupils attending this year's course have not been as numerous as last year, owing to the fact that the Department of Soldiers' Civil Re-Establishment are not in a position to send us as many as formerly, nevertheless those taking the course are of the highest type, and will further illustrate the point we are so anxious to emphasize in different centres. Owing to the fact that the University of Toronto is developing a Public Health Course for nurses, which will include a great deal of work in Mental Hygiene, it may not be necessary to continue the special Mental Hygiene Course next year. Until the exact policy of the University is outlined it will not be possible to come to a determination on this point at once.

C. K. CLARKE.

Report of the Associate Medical Director, Montreal, P.Q.

The Associate Medical Director, Montreal, begs to submit the following report:

The Psychiatric Clinic, Royal Victoria Hosptal

The Psychiatrical Clinic, Royal Victoria Hospital, has now been in operation since March 1st, 1919. In this period 510 cases have been examined. When the clinic was opened many people were sceptical as to the value of it and even prophesied that we would have very little to do. The results have clearly proven, however, that this clinic is fulfilling a long-felt want in the city of Montreal, and the medical profession, as well as social workers and nurses, are becoming very co-operative in the work of the clinic. Organizations such as the Charity Organization, Women's Directory, Children's Bureau, etc., are sending their cases as a routine method to be examined. A large number of the boys and girls who are brought before the Juvenile Court are also being sent to the clinic for a thorough mental examination, and the Judge has expressed his opinion that it is of great assistance to him in his work. The Clinic has also been of great assistance to social workers and practising physicians in relation to their insane patients who have to be committed to asylums. Now that the superintendents of the asylums understand the clinic, there is not so much delay in having a patient committed, which results in a great saving of time to the social worker and physician.

The Survey of the Protestant Public Schools

In October, 1919, permission was granted by the Protestant Board of School Commissioners for a survey to be made of all the pupils in the Protestant Public Schools. This survey was begun in November under the direction of Dr. Morphy and a social worker. Early this year Dr. Tait, professor of psychology, consented to assist in this work and since November over 10,000 pupils have been examined. In this survey Dr. Tait has used the Otis Group Tests, the first time they have been used in Canada, and has clearly demonstrated the value of them. Unfortunately the cost of these tests is so prohibitive as to prevent them being used in all the schools. This survey will be continued until all the pupils have been examined, and it is hoped that, as a result of this work, special classes will be provided for the abnormal child.

Educational Publicity

In November, 1919, the Committee had an exhibit in Halifax during the "Baby Saving Week" and a letter from Dr. Hattie clearly shows the value of such an exhibit from the standpoint of our Committee. He

said that he was sure that as a result of this exhibit our National Committee had been given a distinct boom in that part of the Dominion.

Your Associate Medical Director, at the request of Dr. Gagnon, delivered two lectures to the Public School Nurses of Montreal on "Mental Hygiene," and as a result of these lectures closer co-operation was initiated between the National Committee and the Public Health Department of the City of Montreal.

On January 16th, 1920, Dr. C. K. Russel, Chairman of the Executive Committee, addressed the Social Welfare Congress in Montreal on the subject of "The Feeble-Minded in Canada."

The Baby Welfare Exhibit was held in Montreal on May 17th-22nd, 1920, and the exhibit of our Committee elicited very many favourable comments. Over 15,000 people attended this exhibit during the week and all were keenly interested. Over a thousand booklets in French and English were distributed, as well as copies of our Bulletin and Journal. The Montreal *Star* had a splendid write-up on the exhibit and we had notices in all the other papers.

From time to time articles have appeared in the daily newspapers about the work and activities of the Committee. Among these articles was an excellent one on the need of psychopathic hospitals.

On May 12th Mr. George A. Hastings, Executive Secretary of the State Charities Aid Association, of New York State, gave an excellent address on "The Community Control of the Feeble-Minded." There was a good attendance and the address of Mr. Hastings aroused considerable discussion.

At the request of the editor of the Canadian Medical Association Journal, your Associate Medical Director has written an editorial for that magazine on "The Value of Psychopathic Hospitals," and has also contributed an article on "The Need of Psychopathic Hospitals in Canada."

The Montreal Council of Social Agencies

During the last few months a movement of prime importance has taken place among the different charitable organizations in the City of Montreal. This movement means a federation of practically all these organizations into one central body called "The Montreal Council of Social Agencies." This Council was very anxious for our Committee to become a member and, on the advice of our President and Chairman of the Executive Committee, we joined it. Through this Council it is expected that our Committee will be able to exercise considerable influence along the lines of mental hygiene in all charitable work in the City of Montreal.

The first step, as a result of this federation, has been a request for our Committee to make a survey of all institutions for children in the City of Montreal, so that one institution can be set aside for the training of feeble-minded children. It is hoped that this survey will be conducted during the summer months.

The Quebec Government

An important meeting of all medical superintendents of insane asylums in the Province of Quebec was held in 1919, at the request of one of our directors, Dr. Desloges. This meeting was the first attempt to improve the classification and treatment of patients in our insane asylums. A detailed report of this meeting appeared in the April number of the Canadian Journal of Mental Hygiene.

The Quebec Government has requested Dr. Desloges to make a mental examination of all the boys and girls in the reform and industrial schools of the Province. Your Associate Medical Director, at the request of Dr. Desloges, made an examination of the boys at the Boys' Farm and Training School, Shawbridge, and is sending a report of this examination to the Quebec Government. It is expected that as a result improved treatment of our juvenile delinquents will be instituted.

Dr. Desloges has made arrangements so that the medical superintendents of the asylums will pay periodic visits to institutions in the United States, and will thus be in touch with all the latest ideas of treatment of the mentally abnormal. He has also made considerable improvement in the institutions for the insane and feeble-minded.

McGill University

Through the untiring efforts of our President, Dr. Martin, mental hygiene has been given a distinct place in the teaching of the medical faculty of McGill University. Arrangements are being made so that all medical students will be given a thorough course in psychology and neuro-psychiatry. It is hoped that it will not be long before we will have a psychopathic hospital.

A course in neuro-psychiatry in connection with the Social Service Department of McGill University has been arranged for next year so that social workers will have a thorough ground work in the problems of Mental Hygiene.

Canadian Journal of Mental Hygiene

The Journal has been published regularly, although not always promptly. At times it has been difficult to obtain sufficient material, but as the interest in mental hygiene grows in Canada, this deficiency is

decreasing. The editor would like, however, to have closer co-operation between the different members of the editorial board.

Industrial School for Epileptics

Every community is faced with the problem of what to do with their epileptics. They cannot go to school, cannot obtain any sort of position, with the result that they sit around their homes and are a source of constant worry to their parents. When grown up they cannot obtain any position, and their relatives do not know what to do with them.

This problem was realized in Montreal, and since there are a large number of epileptics attending the neurological clinic at the Royal Victoria Hospital, a start was made through the efforts of one of our members, Dr. Morphy, to look after some of them. The Montreal Industrial School for Epileptics was founded and a start has been made by organizing two classes, one for male and the other for female, where epileptic children are taught vocational training, such as weaving, basket making, etc. Although these classes have only been in operation a few weeks there have been enquiries from patients' parents and relatives as to the possibility of having their children accommodated. It is hoped that these classes are just the beginning of the formation of an epileptic colony.

Social Service Work in Connection with Asylums

The social service work in connection with the Verdun and St. Jean de Dieu Asylums, Montreal, has now been in operation for over a year and it has been a distinct success. The social worker has been able to increase the number of days of patients on parole by 11,000 days, which means not only a distinct financial saving to the government, but also a distinct help to relatives and friends. On May 1st Miss Mignault was appointed to succeed Miss Lavallée. Miss Mignault has had several years' experience in social work in connection with the Juvenile Court, so that she is very well fitted for the position.

GORDON S. MUNDIE.

Report of the Associate Medical Director and Secretary*

General Remarks

Since the last combined meeting of the Executive and Finance Committees, held in Toronto on January 29, 1920, notable progress has been made. Perhaps chief emphasis should be placed upon activities in connection with industrial psychology.

*The Secretary's Report to the Executive and Finance Committees covers the period since January 29, 1920. Previous progress has already been reported by the Secretary and need not again be detailed.

Under the directorship of Dr. E. A. Bott a public school survey has been inaugurated to determine such facts as the following: (1) The percentage of retardation among children who leave the public school to go to work. (2) The reason children under sixteen years of age leave school for industry. (3) The history of the first two years of the industrial life of the child.

Particular attention is directed to Dr. Bott's investigation because it marks an innovation in connection with the work of the Committee. Up to the present our energies have been directed in attempting to solve the problems of mental abnormality and of necessity we will continue this important work. It may be, however, that as time goes on our most fruitful field of endeavour will be in the realm of industrial and educational psychology, and, as has been said, a beginning has already been made in the new work.

Last year Lady Eaton subscribed $5,000 in addition to an original gift of $3,000, with the understanding that $1,000 be devoted to industrial psychology. This donation is making possible our initial work, and Dr. Bott is employing the services of two social workers and a stenographer until September. If the results of his investigation prove promising, the Committee will be requested to continue its support, and the Secretary has a plan by means of which needed funds can be raised. In another part of the Secretary's Report a detailed account will be found concerning the work in Industrial and Educational Psychology.

The attention of the Executive and Finance Committees might also be directed to Red Cross co-operation. The Canadian Red Cross Society made our Committee a preliminary grant of $5,000 in May, 1920. In the same month the Red Cross convened a Congress of representatives of the various bodies in Canada engaged in public health work. The delegates to this convention outlined the activities of their respective organizations, and suggested ways and means of bettering their efficiency, of preventing overlapping and waste, and of securing desired Red Cross co-operation.

Dr. W. H. Hattie and Dr. C. M. Hincks represented the Canadian National Committee for Mental Hygiene at this important Congress. Further mention will be made of the subject later in the report, but it might now be stated that the entrance of the Canadian Red Cross Society into the public health field of the Dominion will prove particularly beneficial to such societies as our own. No doubt assistance will be given to us in connection with educational publicity and finance. With regard to the latter, your Secretary suggested that in future the

Canadian Red Cross Society donate at least one-quarter of the Committee's annual budget, and this request was not met unfavourably.

For some time to come the chief work of our organization will be in connection with provincial mental hygiene surveys. The results obtained in Manitoba and British Columbia demonstrated conclusively the value of the survey method. We are therefore looking with optimism to the future of Alberta, Saskatchewan, New Brunswick, Nova Scotia, and Prince Edward Island. These provinces have all officially requested studies, and the surveys will be made at the earliest possible moment. A printed report of the British Columbia survey appears in the April, 1920, issue of the CANADIAN JOURNAL OF MENTAL HYGIENE, and two hundred reprints are available for distribution. The Saskatchewan study was completed in June, 1920. A report of the latter is now being compiled.

The Executive and Finance Committees are requested to consult portions of this report that deal with educational publicity, immigration, public school surveys, Mental Hygiene Extension Course for social workers, statistics, finance, etc.

INDUSTRIAL PSYCHOLOGY

Dr. E. A. Bott is making an initial study in Toronto because the whole-hearted co-operation of the Toronto school authorities has been obtained. If useful facts are collected within the next few months it may be prudent to extend the research to other cities in Canada.

Something of the nature of the present study can be gleaned from a letter written by Dr. Bott on May 23rd to your Secretary. The letter reads in part as follows:

SELECTION OF THE PROBLEM

After looking into the literature and practice in the United States it appears that the better way to make a beginning in the general field of Industrial Psychology in Toronto is to commence with juvenile rather than adult labour and to extend the scope of the work as the situation warrants. The proposed inquiry should itself be pertinent for the broader field, as juvenile labour constitutes one source of our general labour supply. Moreover, through the schools, the antecedents of juvenile workers may be ascertained, and educational factors may be modified in their behalf, should the facts as shown by an investigation, demand it. With adult employes, on the other hand, not only is the situation more complex, and relations more tense, but a public opinion which would endorse a scientific attitude toward the human element in industry can scarcely be said to exist with us as yet.

Official Contacts

I am enclosing a copy of my letter of the 14th inst. to Inspector Cowley, Toronto, and of his reply of the 20th, regarding the relation of our inquiry to the Board of Education. An equally cordial offer of co-operation has also been received from the Municipal Department of Health, through its staff of nurses, and from the Municipal Research Bureau. Various social agencies in the city can also be depended upon for assistance in making contacts with homes and with certain employers.

The Problem

The Annual Report of the Toronto Board of Education for 1918 shows that 3,010 pupils, 14 years old or over, dropped out of school altogether, not going to any other educational institution. This total is exclusive of those who left the city (3,986), or were granted exemption (134), or left owing to mental deficiency (48), or to protracted illness (448), or to other physical disability (97), or who passed Entrance (2,150), or left to enter Technical or other schools outside the jurisdiction of the Board (900).

The school year 1918-19 is selected in order that the children concerned may have had one year's working experience at the present time. Owing to the entire absence of records of these 3,010 children since they left school it is proposed to divide the inquiry into two parts:

First—To ascertain certain facts regarding this entire group—the distribution by sex, age, grade, school locality, etc., by an analysis of official school records.

Second—To make a selection of 300 to 400 of these children as a sample from half-a-dozen representative schools. For this small group exhaustive information would be sought as regards their school history, industrial history, and home situation—the information required being that indicated on the three accompanying forms.

It is hoped that from the data obtained respecting this small group certain inferences can be drawn as to the situation affecting the 3,000 who leave annually, which will enable us to lay plans for a more intensive investigation next winter.

Staff and Office Requirements, Expenses

Within the past fortnight three appointments have been made for this work, viz.: Miss Kirkpatrick, office assistant, on part time at 50c. per hour to work on records and reports.

Miss Walker and Miss Anderson, both graduates of Arts and of the Social Service Department, University of Toronto, at $125 per month, for field work.

At present, central office accommodation, typewriter, etc., is being provided in the Department of Psychology, and assistance is also being given gratuitously by the office staffs of the Board of Education, the University Social Service Department, and in various schools. The present outlay is therefore confined to the salaries of the three workers mentioned above. The sum of $1,200 would suffice for this purpose to September 15th, 1920, or a proportionately smaller amount if the field work is interrupted during July or August.

Object of the Investigation

Similar inquiries to the above in the United States have shown:

(1) That the pupils who leave public school to work are for the most part those who have profited least under the present school regime—more than two-thirds of those dropping out in Cincinnati, 1911-12, being one year or more retarded in school.

(2) That economic necessity is not a primary cause for dropping out in more than 25 per cent. of cases, but discouragement through failure in school, the routine not being adapted to develop such ability as this type of boy and girl possesses. This latter is a more fundamental cause.

(3) That the situation of juvenile labour in industry, between the ages of 14 and 16 years, is one of great instability, with low wages and little opportunity of promotion or serious training, and that on the whole their experience is of no educational value industrially.

(4) That with the present critical conditions in industry to-day the remedy for these difficulties as regards children leaving school to work must be sought chiefly by the school authorities rather than by employers, *i.e.*, by provision of such instruction in the schools as will better fit this lower level of pupils to take their places more effectively and at a more mature age in the world of labour.

"Our inquiry this summer is intended only as a preliminary step in finding the facts of the situation in Toronto. The results should prepare the way for a broader investigation in the schools and outside to follow later, with the ultimate object of advocating such changes in policy as the situation may require, *e.g.*, in the work of special classes, government employment offices, vocational bureaux, etc.

The study undertaken by Dr. Bott will form a natural link between our previous work among the definitely abnormal and future activities among the normal. In other words, the present investigation deals with retardation in school and in industry, and retardation might be considered as a borderland state between normality and abnormality.

There is a feeling abroad that the Primary School is not accomplishing in a satisfactory manner what it sets out to do—the training

of children for citizenship. Although much dissatisfaction exists it must be admitted that thorough investigations have not been conducted in Canada, and practicable plans based upon careful studies have not been submitted for the improvement of the school situation. It seems, therefore, that the Canadian National Committee for Mental Hygiene can perform a very real service in connection with the whole educational problem. By commencing with a study of the relationship that exists between retardation in school and industry we can in time evolve a programme that will be better suited to the needs of backward children and with this as a starting point we can well extend our study to include the whole educational system.

It seems to your Secretary that we are now embarking upon the most important work yet undertaken by the Committee—a work that may possibly result in a considerable reorganization of the Primary School system from coast to coast. The work is of such importance that it is recommended that a special committee be appointed to deal with the subject. This Committee might be known as "The Educational and Industrial Psychology Section," with the personnel to be appointed by the Executive Committee.

Red Cross Co-operation (Further Notes)

As has been stated, on May 12th and 13th the Canadian Red Cross Society called together a conference of such representative health bodies as the following: Federal Department of Health, Provincial Departments of Health, Provincial Red Cross Societies, St. John's Ambulance Corps, Victorian Order of Nurses, Canadian Society for the Prevention of Tuberculosis, Canadian National Committee for Mental Hygiene, Canadian National Council for Combating Venereal Diseases, Canadian Public Health Association, Canadian Graduate Nurses' Association, etc.

This conference was eminently successful, and in due course the proceedings will be printed. A permanent organization was formed and no doubt a definite policy of co-operation will be consummated.

In the absence from Toronto of Mr. D. A. Dunlap and Dr. C. K. Clarke, the Canadian National Committee for Mental Hygiene was represented by Dr. W. H. Hattie and Dr. C. M. Hincks.

In addition to outlining the activities of our Committee your Secretary suggested that the Canadian Red Cross Society might be of great assistance to such organizations as ours in the following ways:

(1) Conferences of Health Bodies

The Red Cross might with benefit call together from time to time

representatives from National Health organizations, with the purpose of securing better co-operation of activities. (This suggestion was later put into effect by the conference.)

(2) Educational Publicity

It was pointed out that one of the best avenues of educational publicity was the platform address, because newspaper accounts usually followed, and many people were thus reached. The statement was also made that at the present time it might well happen that in a city or town, speakers representing such varied activities as mental hygiene, prevention of tuberculosis, or control of venereal diseases, would present their cases in the space of a single week. During the remainder of the year, health propaganda might in these places be entirely neglected. It was therefore suggested that the Canadian Red Cross Society make arrangements through its various branches to prepare in advance lecture programmes that would extend throughout the year, and that the local bodies would take upon themselves the responsibilities of advance notices, etc.

(3) Financial Co-operation

Your Secretary stated his belief that it was easier for the Red Cross to raise funds than for such specialized bodies as the societies dealing with tuberculosis, venereal disease, and mental hygiene. He therefore advocated a yearly Red Cross drive for funds, and that one-third or one-quarter of our own budget be paid directly by the Canadian Red Cross Society.

(4) Red Cross Representation on Executive

An invitation was extended to the Canadian Red Cross Society to elect a representative to our Executive.

It is the belief of the Secretary that a number of the above suggestions will be put into operation. The Canadian Red Cross Society seems eager to co-operate with existing national health agencies as far as possible. There is no desire for overlapping, and as far as mental hygiene is concerned, our Committee will be left with a free field and will, no doubt, receive financial Red Cross support.

Provincial Surveys

Since the last combined meeting of the Executive and Finance Committees held on January 29, 1920, official requests have been made for surveys in Nova Scotia and Saskatchewan. The Saskatchewan study was made in June of this year, and the surveys of the Maritime Provinces will be conducted in the autumn.

Educational Publicity

(*a*) *Lectures.*—Our President, Dr. Charles F. Martin, delivered an address in May to the Ontario Medical Association on the subject of "The Relationship of Psychiatry to the General Practitioner." Since the progress of the Mental Hygiene Movement depends in no small measure upon the co-operation received from the medical profession Dr. Martin was rendering our organization valuable assistance by delivering his timely lecture. It will remain for such men as our President to awaken the profession to their obligations in the field of mental abnormality because psychiatrists often fail to carry weight in presenting their views. This is the case, since the specialist is often believed to be "hipped" on his subject, and unduly emphasizes its importance. Dr. Martin has kindly consented to continue the good work by addressing the New Brunswick Medical Association, the Canadian Club of Victoria, B.C., and by speaking at our annual meeting in Vancouver.

Mr. George A. Hastings, Secretary of the Mental Hygiene Division, New York State Charities Aid Association, upon our request visited Montreal and Toronto and gave a number of interesting lectures on "Community Control of Mental Abnormals." His activities were particularly helpful in connection with the Mental Hygiene Extension Course, held under the auspices of our Committee and of the University of Toronto.

In April, 1920, Dr. C. K. Clarke was invited to deliver several lectures to the Saskatchewan Teachers' Association in Saskatoon. Our Medical Director complied with the request and gave addresses in Saskatoon, Regina, and Winnipeg. One of the direct results of this mission was the official request from Premier Martin asking for a survey of Saskatchewan.

In February, 1920, the Secretary visited St. John, N.B., Halifax, N.S., and under the auspices of Social Service Councils and other bodies gave a number of addresses on mental hygiene. It might be noted that the subject attracted the interest of large numbers of people and hearty approval was given to the desirability of putting into operation a thorough-going mental hygiene programme. In Nova Scotia a movement is afoot to secure the co-operation of the editors of the daily newspapers to print articles on Mental Hygiene during the autumn months, when the Nova Scotia survey will be in progress. This will assist greatly in securing a solid body of public opinion behind any constructive recommendations that might be made by the Committee in its report.

At the Ontario Educational Association held in Toronto in April, 1920, papers on Mental Hygiene were given by Miss Mariorie Keyes,

Miss E. de V. Clarke, Dr. Eric Clarke, and Dr. C. M. Hincks. These addresses received considerable newspaper publicity and were intsrumental in securing public backing for the establishment of special classes for backward and defective children, and for the erection of a modern Psychopathic Hospital for Toronto.

Lectures have also been given by Mrs. C. R. Crowe, Guelph, Ontario, and by other members of our Committee.

(*b*) *Mental Hygiene Bulletin.*—In February 10,000 copies of the first issue of our Mental Hygiene Bulletin were printed and distributed throughout the country. Another issue was due in May, but the Secretary deemed it advisable to distribute copies of the British Columbia Report in place of the Bulletin. This attitude was taken because it seemed that the material in the report was useful for publicity purposes.

Immigration

Through the courtesy of Dr. John A. Amyot, Deputy Minister of Health, and Dr. J. D. Pagé, the Committee has been enabled to co-operate in immigration affairs as follows:

(1) Training of Immigration Inspectors in Psychiatry

Arrangements were made to give a preliminary course in psychiatry in Toronto to Immigration Inspectors, and two men have already taken advantage of this facility. The Secretary visited Ellis Island and secured the consent of United States immigration officials to take Canadian Inspectors temporarily on the staff for practical psychiatric experience under actual immigration conditions. The United States officials suggested a course at the Psychopathic Institute to be taken concurrently with work at Ellis Island, and it was found that this could be carried out.

This practical work of the Committee will make possible the training of the existing staffs attached to our ports of entry, and will be a splendid contribution in helping to solve the psychiatric side of the problem of immigration.

(2) Barnardo Children

Our Medical Director was given authority by the Federal Department of Health to inspect four ship-loads of immigrants who arrived in St. John in April. Dr. Clarke examined some 4,000 passengers, among whom were about two hundred Barnardo children. Some time previous to this a consultation had been held with authorities of the Barnardo Home in Canada, when facts were presented concerning defective types that had been brought from England in the past. This consultation resulted in a desire to improve the type of child immigrant

on the part of the Barnardo Home. That the desire bore excellent fruit was found by Dr. Clarke in his examination of the two hundred children. He did not find a single defective in the party.

The examination of the other passengers resulted in the detection of a number who were feeble-minded or insane. This work was done in the presence of Immigration Inspectors, and was helpful to them in demonstrating in a practical way the methods of psychiatric examination of immigration.

(3) Book on Canadian Immigration

Professor W. G. Smith's text on Canadian Immigration has been printed and is now ready for distribution. It will be remembered that Professor Smith's investigations were carried out under the auspices of our Committee.

Public School Surveys

Public School surveys are being conducted at the present time in Montreal and Toronto. A valuable body of facts is being collected, which will result in the establishment of special classes, and an all-round enlightened mental hygiene programme.

Dr. E. J. Pratt is completing a detailed study of 700 representative Canadian school children. This is the most intensive piece of work of its kind ever attempted in Canada, and, when the results are published, useful material will be available for Boards of Education and other interested bodies and individuals throughout the Dominion.

The purpose of Dr. Pratt's survey can be outlined as follows:

(1) To discover the intelligence status of a primary school situated in an average social environment by making a clinical examination of every pupil in accordance with standardized tests—the Terman Revision of the Binet Simon Tests being used.

(2) To compare the Intelligence Quotients thus ascertained with the estimates given by the teachers of the pupils with reference to their mental calibre and their actual attainments as revealed by school marks.

(3) To determine what relation, if any, the Intelligence Quotient may have with the school attendance, application to work, conformity to discipline, play-ground reactions, and, in general, to volitional characteristics.

(4) To notice presence or absence of physical stigmata, mannerisms, emotional instability, etc.

(5) To find, by comparing the nutritional index of each pupil with the Intelligence Quotient, whether there is any correlation between retardation and malnutrition.

(6) To discover data which might be of value in furthering the promotion of special classes whereby retarded pupils might be individually trained in accordance with their potential rate of advancement, and thus avoid the handicap which the teacher, at present, undergoes in dealing with heterogeneous types in the same class-room.

(7) Finally, to have in hand as complete a record as possible both of the Intelligence Quotient and the academic rating of the pupils, with a view to the future following-up of their history when they get out into industrial life. Scientific correlations in this respect should throw considerable light upon the adaptation or otherwise of the school system for State ends.

N.B.—Western Avenue School, Toronto, was selected because it was of an average social status, and had an enrolment large enough to furnish basis for reasonable generalizations, and moderate enough to be effectively handled by one investigator through the academic year—the attendance being six hundred.

Over five hundred children have already been examined and the balance will be completed before the end of the school year. A psychiatric examination in special cases, over and above the strictly psychological survey, will be made by Dr. C. K. Clarke.

Extension Course in Mental Hygiene for Social Workers

Some twenty odd students from all parts of Canada enrolled in the Extension Course in Mental Hygiene which was arranged by our Committee in affiliation with the University of Toronto. This Course was of two months' duration, and extended from the middle of April to June 21.

The students enrolled were of a splendid type, and for the most part had previous nursing training. They were enthusiastic about the work and will be valuable mental hygiene missionaries.

Toronto Juvenile Court

Our Committee co-operated with Judge H. S. Mott, of the Toronto Juvenile Court, in establishing a Psychiatric Department in the Court. The full time services of Dr. George Anderson were secured, together with a psychiatric social worker and an assistant. Dr. Anderson fills the position of Chief Probation Officer and thus is vested with authority to put his recommendations into practice. This constitutes the most advanced step in court organization, as far as mental hygiene is concerned, ever taken in Canada or the United States. If the experiment proves successful, as indeed it should, the Committee will advocate a similar procedure in other Juvenile Courts.

Toronto Psychopathic Hospital

The Committee has made a definite endeavour to secure a thoroughly modern Psychopathic Hospital for the city of Toronto. The function of this hospital will be the temporary care and observation of cases of mental abnormality and will include facilities for research and the education of medical students and nurses.

If the Committee had not taken an interest in the proposition at the present time the Toronto City Council would have erected merely a Reception Hospital two miles from the Toronto General Hospital and the University of Toronto. Indeed, such an inadequate arrangement might still be consummated unless the Committee maintains an active campaign.

Our thanks are due Mr. D. A. Dunlap, Mrs. A. M. Huestis, and others who have devoted much time and energy in connection with the whole matter.

Statistics

Miss Marjorie Keyes spent some time in New York City studying the methods of the Statistical Department of the (United States) National Committee for Mental Hygiene. Since returning to Canada she has been active in the collection of data pertaining to mental abnormals in the Dominion.

Ontario Neuro-Psychiatric Association

The Superintendents of Ontario Mental Hospitals, together with a number of individuals engaged in psychiatric and neurological work, formed the Ontario Neuro-Psychiatric Association in Kingston in April, 1920. Dr. E. W. Ryan was elected its first President. In the near future an attempt will be made to form a Dominion-wide organization with the Ontario Association as a branch.

Our Committee is greatly interested in the success of the enterprise because we believe that much can be done by the Superintendents to bring about many needed improvements in the Mental Hospital system.

Finance

The following new subscriptions have been made to the Committee since the last meeting of the Executive and Finance Committees: The Canadian Red Cross Society, $5,000; Manitoba Government, $1,000; Mr. D. A. Dunlap, $1,000 (additional); Federal Government, $10,000; Dr. Charles F. Martin, $500; Mr. P. C. Larkin, $250; and Mrs. W. S. Hodgens, $10.

The operating expenses between January 1st and May 1st, 1920, were $14,032.66, and the estimated expenditure between May 1st and December 31st, 1920, is $31,424.78. To meet this latter amount there are available assets of $27,493.73, leaving a deficit of $3,931.05.

Our financial position seems to the Secretary to be quite sound, because most promising arrangements are now being made to secure for 1920 an additional $10,000, an amount sufficient to leave us with a balance of over $5,000 at the end of the year.

Recommendations of the Secretary*

(1) Election of sub-committee on educational and industrial psychology.

(2) Approval of Dr. Bott's plan for the temporary employment of workers for research in industrial psychology.

(3) Appointment of an Associate Secretary on half-time basis. (So many demands are made upon the Secretary's time that he finds it quite impossible to accomplish alone the work in hand, and hence the need of the services of an associate.)

(4) Adoption of policy for the publication of the Mental Hygiene Bulletin. The Executive and Finance Committees are requested to express themselves concerning the value of this publication, and, if it is deemed prudent to continue its existence, to appoint an editor. (The Secretary was appointed editor.)

(5) Continuation of the work as outlined in the Secretary's report—activities in connection with provincial surveys, training of Immigration Inspectors, Primary School research, collection of statistics, etc.

(6) Approval to move Toronto office from 9 College Street to 102 College Street.

(7) Discontinuance of policy of providing an Extension Course in Mental Hygiene under the auspices of the Committee. (The Canadian Red Cross Society is prepared to finance University training in public health work, and mental hygiene instruction can be included under Red Cross auspices.)

(8) Vote of thanks to the Manitoba Government for subscribing $10,000.

(9) Co-operation with the Department of Soldiers' Civil Re-Establishment to help solve the problem of the mentally handicapped discharged soldier. (The Department of Soldiers' Civil Re-Establishment

*The recommendations of the Secretary were approved by the Executive and Finance Committees.

have requested our aid in devising ways and means of helping mental abnormals under their care.)

(10) Approval of appointment of Red Cross representative on our Executive Committee.

(11) Endorsement of proposal to form a Canadian Neuro-Psychiatric Association.

C. M. HINCKS.

NOTES AND NEWS

BUREAU OF SOCIAL HYGIENE STUDIES FEMALE DELINQUENCY

THE Bureau of Social Hygiene, New York, has recently made a study of 587 women in various reformatories and other institutions in New York State. The result of this survey is soon to be published by the Century Company under the title of "Women Delinquents in New York State." The purpose of the study is considered to be "an attempt to furnish a scientific basis for the conceptions regarding women offenders through an investigation concerning the distinguishing characteristics of women committed on either serious crimes or minor offences in New York State. It has not been our object either to defend any scientific thesis or to combat established ideas regarding the characteristics of these women. We have merely aimed to determine so far as possible the facts."

Of all the women involved 85 per cent. were sex offenders and about two-thirds commercial prostitutes. More than half of the women were recidivists. Only a small number had been convicted as juvenile delinquents. Alcohol had been used by 47 per cent. of the women—excessively by 20 per cent. Drugs were used by 18 per cent. and only 25 per cent. of the women smoked.

Home conditions of the women showed that very few came from either very poor or very rich families; the great bulk were classed as either poor or fair, of the latter class the self-supporting families contributing 25 per cent. of all the women. When the homes were graded for moral standards a similar condition was found. Few of the women (10 per cent.), came from very bad homes, while 20 per cent. of the homes were classified as really good. Nearly half of the families were considered fair, *i.e.*, having reputable standing in the community. Parental supervision in these families was found to be less satisfactory, only 3 per cent. of the women having had what could be considered good supervision while they were growing up.

From a study of the wages earned by the women when out of detention, it was noted that lack of money was probably not responsible for getting into difficulties with the law.

Very careful tests were made of the mental capacity of the women. Offenders against property were found to be, on the average, more intelligent than offenders against chastity. Those from good homes were more intelligent than the others. No relation was found between

intelligence and the use of drugs or alcohol, nor between intelligence and what the study calls defective heredity.

There was, however, a relation between intelligence and the kind of work the women had done when at liberty. The more intelligent women going apparently into more skilled work, while the ranks of the domestic workers were filled up with some normal women.

Generally speaking the women did not seem to deviate very markedly from the general population in intelligence—not nearly so much as has been supposed in the light of various studies which have made most prostitutes appear feeble-minded. It is interesting to note that the sex offenders average inferior to the rest in inherent intelligence.

Tests for venereal disease, which do not appear to have been very thorough, show 42 per cent. of the prostitutes had syphilis, 16 per cent. more were doubtful.

Social Hygiene Bulletin, August, 1920.

A Department of Vocational Therapy has been established at the Nova Soctia Hospital, Dartmouth, N.S., under the directorship of Miss Mary Black.

Miss Black served for over a year as a Vocational Instructor with the Department of Soldiers' Civil Re-Establishment.

PSYCHIATRIC SOCIAL WORKERS WANTED

THE United States Public Health Service has appealed to the American Red Cross to begin a national campaign for volunteers to be trained as psychiatric social workers among the 50,000 World War veterans suffering from nervous and mental diseases in Public Health Service hospitals. Nearly two hundred workers will be needed before fall to care for such cases. There are to-day only 150 such workers in the country, and it is obviously inexpedient to take them from their present tasks.

In accordance with this request, the Red Cross seeks volunteers for these positions at salaries ranging from $1,500 to $2,100 a year, offering summer school courses, on a scholarship, if necessary, to provide trained workers by fall. The Red Cross is so hard pressed in its own departments that it will be necessary to recruit students from other groups of social workers. That the employment will not be temporary is shown by figures compiled by the Bureau of War Risk Insurance,

which estimates that the peak of these cases will not be reached until 1929.

There are at present several large hospitals operating under the Section of Neuro-Psychiatry in the Public Health Service. One has no trained psychiatric worker, while none has more than one. The number of beds each worker can handle efficiently is estimated at forty, so that, with a capacity of about 1,300 beds in the seven hospitals, 34 workers needed in them alone. About 100 others are needed in the District Supervisors' Office of the Public Health Service Department and in other administrative tasks. Seventy more are needed to handle increasing numbers of cases expected in the fall.

GERMAN CONDITIONS GROW INTOLERABLE. PROSTITUTION INCREASES AS MARK VALUE FALLS

FROM a "Bulletin" correspondent on the continent, a well-known and well-posted American author, comes the following description of conditions in Germany, particularly Berlin. The letter is dated April 24, 1920, and is therefore indicative of the present status of many communities in that country.

While I was in Berlin in February one of our officials looked into the social hygiene situation. He encouraged a German physician, an expert on the subject, to make a report. It was an appalling document. Next day the German came into the American's office and asked to see his report again. The American handed it over and the German tore it up. "I thought about this matter all night," he said, "and I could not conscientiously send out a document reflecting such discredit on my country." This may give you a glimpse of the situation. There were in February 30,000 prostitutes on the streets of Berlin. Many were war widows with children, who worked all day but couldn't make ends meet owing to the disparity between pay and the falling value of the mark. This appears to be a straight case of prostitution through economic determinism. I shan't soon forget one Berlin experience. Late at night I was coming down Unter den Linden when I saw approaching me a plump, settled-looking, apple-cheeked, middle-aged woman with spectacles. She wore a black cape and a decent black bonnet; she looked like one of the pictures of farmers' wives which you see on the cover of the *Saturday Evening Post.* In fact, I noted her for that resemblance. Well, as I passed her she solicited me.

It almost goes without saying that virtually all of these prostitutes are infected. However, I fear you'll never get any statistics from the

Germans. In the first place most of them will feel like the physician I have mentioned. In the second place the present government is weak, and the experts of the old government are refusing to help out. So statistics are, I find, badly kept and unreliable.

Social Hygiene Bulletin.

PROVISION FOR THE EARLY TREATMENT OF MENTAL AND NERVOUS DISEASE IN ENGLAND

THE following letter to the editor of the London *Times*, signed by Thomas Barlow, Clifford Allbut, G. H. Savage, Frederick W. Mott, Robert Armstrong-Jones. John Lynn-Thomas, William McDougal, Charles S. Myers, G. Elliott Smith, R. Percy Smith, Bedford Pierce, Robert B. Wild, David Drummond, A. H. Trow, M. Thomas and E. Goodall, will be of interest to Canadian readers as showing the efforts now being made in England to provide for the early treatment of patients with nervous and mental disease:

"To the Editor of *The Times*,

"SIR:—Permit us, through the medium of your columns, to draw attention to the urgent need of reform in the methods of dealing with disorders of the mind in this country. The insane are still dealt with under the provisions of the Lunacy Act, 1890. In 1914 the Medico-Psychological Association of Great Britain and Ireland, after careful inquiry into the status of British Psychiatry, urges reforms in the methods of treatment of incipient mental disease, and the provision of facilities for study and research. In November, 1918, this association adopted a report of a sub-committee appointed to consider the amendment of the existing lunacy laws. This report states that there are very few facilities for patients who are threatened with mental breakdown to obtain skilled treatment until they are placed under certificates under the Act, whereas the early symptoms of disorder often occur long before certification is possible; that, owing to treatment being delayed, the most valuable time for adopting measures to secure early recovery is lost; that the public, which is alive to the material and moral damage which certification often inflicts on the patient and his relatives, refuse to resort to it, even when it has become possible, and thus still further postpone the adoption of efficient treatment; that where certification has to be resorted to, the subsequent course of events often shows that this might have been avoided had there been facilities for treatment under other conditions; that many medical practitioners, having had

no opportunity of gaining knowledge of the manifestations and treatment of mental disorders in their early stages, fail to recognize the seriousness of the condition, and are, further, deterred by the necessity of certifying the patient, from advising suitable treatment.

"The existing Lunacy Act, protecting, as it does, society, and safeguarding the liberty of the subject, allows insufficient scope for the treatment and cure of the patient.

"The position—and we cannot believe that the public can be aware of it—is that a very large class of the community is debarred from obtaining advice and treatment (except such as can be given in an out-patient department, and this provision is extremely rare) in the early stages of disease, and this owing to the operation of laws designed mainly with a view to protecting the interests of that class.

"The proposals made by the experts composing this sub-committee to remedy the defects summarized, correctly represent the view of all with practical knowledge of the subject. These aim at the provision of treatment in the early and curable stages of mental disorder without certification, which provision would be rendered possible by a short amending bill to the Lunacy Act, embodying the reforms most urgently needed. The proposals are, in brief, as follows: The provision of clinics—the so-called psychiatric clinics—in large centres of population, and especially in connection with the general hospitals and where schools of medicine exist; the extension of the system of voluntary admission (which now obtains in respect of licensed houses and registered hospitals for the insane) so that patients, whether of the private or rate-aided class, may place themselves for treatment in county borough mental hospitals; or further provision for the private-patient class, so that, with the approval of the board of control, such may be received without certification (but with the cognizance of the central authority) into homes, privately owned or supported wholly or partly by voluntary contributions, and also into existing public and private mental hospitals ('licensed houses'); also received, with the sanction of the board, as single patients, without certification, provided that a medical practitioner gives a written recommendation, stating that suitable treatment can be obtained in the proposed house.

"Of the above proposals, that concerned with the establishment of clinics in psychiatry—with in- and out-patient departments—as an integral part of the general hospital system is the most important. Our main hope of avoiding the never-ending extensions to existing asylums lies in the operation of these clinics. In this respect this country is deplorably backward as compared with other European countries, great and small, with the United States, and with some of the com-

ponent parts of the British Empire. This is the more regrettable since it is in these clinics that students and the future holders of posts in mental hospitals should be taught and all available means of research be provided. For none of these purposes is the present 'asylum' system adequate. In such clinics, patients would be received without reception orders or certificates, and would be subjected to the minimum of official supervision; and on these lines they might be treated for a stated period—not less than six months. The late Dr. Henry Maudsley was the first to give practical expression to the urgent need for these clinics when, eleven years ago, he made his munificent gift—ultimately amounting to £40,000—to the London County Council, which rendered possible the erection of the Maudsley Neurological Hospital, Denmark Hill. This hospital has rendered most valuable service during the war in the treatment of patients and the instruction of medical officers. It is gratifying to think that Dr. Maudsley's wish that his hospital should be used for the treatment of early cases of mental disorders, without certification, and for the teaching of psychiatry, is likely ere long to be realized.

"In this connection it will be of interest to recall that in the case of mentally disordered soldiers the army authorities arranged, during the war, that they be received into military mental hospitals without any orders or certificates. These men were, in the first instance, not sent to asylums until the mental disability had lasted for a period of nine months and was deemed incurable; later it was decided that this step should be taken after observation and treatment for such an extended period as was necessary to form the opinion that recovery was unlikely. Large numbers of the men were received in very early phases of the disease. The immense boon and solace this wise step conferred upon the patients and their relatives are best known to those physicians who have been connected with these hospitals. If these men could be treated thus whilst in khaki, they could, and should, be similarly treated as civilians, and under far better medical conditions than in asylums. The war has in this, as in other instances, been a means of education.

"The necessity of carrying out the reforms above outlined has been repeatedly urged in the leading organs of the medical profession. That the board of control, the central authority in matters appertaining to the insane, is well aware of the pressing need for them is sufficiently shown by the recommendations contained in its fourth and fifth annual reports for the years 1917 and 1918. From the latter it appears that the board has submitted to the Lord Chancellor and the Secretary of State the heads of a bill, with a recommendation that it should be introduced into Parliament at the earliest practicable date, and be pressed forward

as a measure of urgent importance to the health and welfare of the people. In October, 1918, a deputation representing the National Council of Mental Hospital Authorities was received at the Home Office, and it was abundantly clear that that department was in sympathy with the representations made with a view to these reforms. Up to the present, however, we have no evidence that any step whatever has been taken to the desired end.

"We believe it to be the fact that in the present Parliament there are a number of medical men and others interested in this matter, and there is a reasonable hope that such a bill would meet with sympathy and a swift passage into law.

"We would, therefore, earnestly appeal to you to lend your powerful support in this matter, so that the introduction by the government of the legislation necessary to facilitate, on the lines indicated, the early treatment of mental and allied nervous disorders may be no longer delayed, and a grievous injustice to a very large class of suffering humanity may be removed."

EFFECTS OF THE WAR UPON POPULATION OF ENGLISH HOSPITALS FOR MENTAL DISEASE

DR. DOUGLAS A. THOM is collecting information in England for the National Committee for Mental Hygiene regarding some of the effects of the war upon mental-hygiene problems. Among some information received from him is that concerning the remarkable diminution of population in public institutions for the insane. Between January 1, 1918, and January 1, 1919, there was a decrease in the number of patients of 9,108. The entire decrease in institutional population from January 1, 1915, to January 1, 1919, was 28,119.

Several causes contribute to this striking substitution of a decrease for the constantly increasing number of patients with mental diseases that had been taking place prior to the war. By far the most important was an enormous death rate—20 per cent. during 1918, and nearly as high a rate during the other years of the war. When the tale of the privations endured by civil populations of the countries at war is fully told, one of the saddest chapters will be that which refers to the removal of the insane from their own institutions, their crowding in others, their premature return to their homes, and the havoc that disease, particularly tuberculosis, waged among them. An indication of how little our country was touched by the war is seen in the fact that no such decrease in the number of patients in institutions occurred in the United States during its participation.

MENTAL HYGIENE, July, 1920.

THREE-DAY CONSULTATION CLINICS

THE New York State Department of Health, in co-operation with the New York State Hospital Commission, is developing a plan for three-day consultation clinics. A conference was held recently, attended by representatives from the New York State Charities Aid Association, the State Department of Education, the State Commission for Mental Defectives, the Red Cross, and other organizations, at which counties were selected in which there were very few, if any, clinical faculties. For several weeks in advance of the holding of a clinic, various workers—physicians, nurses, and social workers—from the different organizations go to a county to study the needs and to get knowledge of such patients—nervous, mental, surgical, tuberculosis, sick children—as are in need of clinical attention. The first clinic was held at Genesco, Livingston County, on June 8, 9 and 10. Some twenty-six physicians, representing various specialists, were in attendance. Some 600 patients were brought to the clinic and were referred for examination to the various departments. Eventually, the family physician and others interested will receive a report of the findings and recommendations from the state department of health, no treatment being instituted by the consultants at the clinic. A similar clinic was held at Norwich, Chenango County, for three days, beginning June 30.

MENTAL HYGIENE, July, 1920

A MENTAL HYGIENIC CLINIC AT MOUNT SINAI HOSPITAL

IN connection with the reorganization of the neurological department of the Mount Sinai Hospital, a clinic for mental hygiene has been established in the out-patient department. It is in charge of Dr. C. P. Oberndorf, and will have direct connection with the hospital proper. It is also intended that purely mental cases from the neurological department of the dispensary will be cared for by the mental-hygiene clinic. For the present it will be held on Monday, Wednesday and Friday mornings.

MENTAL HYGIENE, July, 1920.

COURSE IN PSYCHIATRIC SOCIAL WORK AT JOHN HOPKINS

THE John Hopkins Hospital Social Service Department, Baltimore, Maryland, offers a course in psychiatric social work to a limited number of students who have had one year of training in an accredited school of social work, or its equivalent, and to graduate nurses.

Lectures and field work will cover one year, beginning October 1, 1920. A vacation of one month will be allowed. Application must be made before August 15th, 1920. The tuition for the course is $100.

MENTAL HYGIENE, July, 1920.

TEACHING OF PSYCHIATRY AT HARVARD MEDICAL SCHOOL

IT was announced on June 6th, 1920, by the General Education Board that an appropriation of $350,000 had been made to the Harvard Medical School to promote the teaching of psychiatry. This recognition of the importance of including mental medicine in the training of physicians by a foundation with so deep an interest in the problems of medical education and their bearing upon human life and happiness cannot fail to have far-reaching results. There are many signs that in this country as in England the war has brought sharply to the attention of the medical profession the great practical importance of mental disorders, instead of leaving the whole field of mental medicine to those who possess no training in the management of disease.

MENTAL HYGIENE, July, 1920.

A PAMPHLET OF NEW YORK STATE INSTITUTIONS

THE New York State Charities Aid Association has recently issued a helpful pamphlet entitled, "The State Institutions! How to Use Them Wisely." The institutional system of the State of New York makes provision for persons of the following classes: (1) mentally diseased, (2) mental defectives, (3) epileptics, (4) delinquents, (5) blind children, (6) deaf children, (7) crippled children, (8) Indian children, (9) veterans and their families, (10) cases of incipient tuberculosis. The pamphlet gives the location of the various state institutions and outlines the procedure of admission to each; also brief paragraphs on facts about mental disease, facts about mental deficiency, etc.

THE INDIVIDUAL AS A SOCIAL UNIT

PERSONALLY I hold—and I think every physician and especially every psychiatrist must hold—that the individual is not only the unit of the physician's interest, but also (following Herbert Spencer) the unit of the sociologist's interest. This we ought to maintain, I think, against the supposed sociological improvement introduced by Schaffle, namely, that the family is a social unit. Accordingly, I

hold that the foundation of social psychiatry (as also of public psychiatry) is the psychiatry of the individual.

Josiah Royce made his contributions to the conception of the social consciousness in 1894-1895. From that atmosphere developed, in the work of Richard Cabot, the idea of medical social work. Mark you that this idea was far more than a mere addition of two ideas—namely, the idea of medicine and the idea of social work—but was a productive combination of these ideas, an actual novelty. It was then only a step to the development of psychiatric social work in Massachusetts, 1912, a step stated by Cabot himself (at the recent meeting of the National Conference of Social Work) to be the greatest innovation in medical social work since its foundation.

From Bakunin to Lenin is half a century. What has the world to say of anarchism and Bolshevism? Certainly these are no new things. Perhaps neither Bakunin nor Lenin is a topic for alienists of the old medico-legal group. These world leaders are not on the minute to be interned as insane. But does any man of us here believe that the psychiatric viewpoint could fail to throw light on Bakunin and on Lenin? Alone amongst the specialties of medicine, psychiatry has for its daily task the consideration of the entire individual. The rest of the branches of medicine, even neurology, appear to remain much too analytic in their view of a man. Psychiatry alone uses the daily logical apparatus of the systhesizer.

Is mental hygiene ready for the problem of Bakunin and Lenin? Alas, no. We have our Varieties of Religious Experience, but no James has arisen to depict, on the basis of the extremest cases, the varieties of political experience. In fact, the delineator of Lincoln or of Roosevelt as in any sense psychopathic might well bring down upon his head far more partisan fury than one who should discover the queerest traits and episodes in religious heroes. We deal with Aqua Regia, with Damascus blades, in our psychiatric laboratories and armouries. "Divide to conquer" is a necessary precaution. We must teach the world what we, as physicians, have so recently learned—namely, that to be crazy is to be one of scores of things. To describe Lincoln as a cyclothmic with attacks of depression, or Roosevelt as constitutionally hyperkinetic (always supposing these to be true designations) should be no more impolite or less objective than to think of Bakunin or Lenin as paranoic personalities. Crazy? No. But cyclothymic or paranoic, certainly.

Insanity is mental disease, but not all of it, or rather all of them. Alienists are psychiatrists, but not all, or in the long run, the majority of psychiatrists. "Alienistics," as we may call the doctrine of medico-legal insanity, is not the whole of psychiatry. But, above all, psychiatry

must be conceived to include the minor psychoses, the smallest diseases, and the minutest defects of the mind as well as the frank psychoses and the obvious feeble-mindednesses. The psychiatry of temperament is an art that might fling itself very far. Mr. Wilson, I believe, spoke of some members of his cabinet as "temperamental." As a cat may look at a king (time and weather permitting), so I suppose a psychiatrist might look at a cabinet officer, at least in one of his temperament phases.

We have passed from the age of Darwin to the age of Pasteur, to the age of Metchnikoff and of Ehrlich. We have lived through the beginning of systematic psychiatry in the period of Gresinger, we have witnessed the first clarification of mental disease functions in the period of Charcot, and we have just concluded a war whose psychiatric achievements (from the deepest theoretical side) trace back to Charcot, flowering to my own mind in Babinski. In America, outside institutions, there has been a dearth of great theorists after Benjamin Rush. The basic ideas of Weir Mitchell have been laid down and the work of Charles K. Mills stands out for me as of the greatest theoretical importance.

But it is clear that the American idea of mental hygiene must have grown in philosophical circles, too. I think first of the great Emersonian period, with its grotesque parody called Eddyism or Christian Science. Then I think of the laying-down of the idea of pragmatism by Charles Peirce, the great and little known central figure of American thought. And then I think of the man, William James, who put pragmatism across the American scene, but added thereto what I may call the psychiatric touch and really typifies all that is best in American thought. Emerson, Peirce, James—these are three American names to conjure by, and they are deeply responsible for the spiritual, the logical, and the practical factors in the whole of mental hygiene. With their spirit, illumination and dynamism, we shall face the terrible analysis of the present hour—the rights and interests of the individual as against society and of society as against the individual—with full confidence that systhesis will follow analysis and the task of Humpty-Dumpty be solved at last.

Do not you agree with me that in all the pot-pourri of the years this great problem of the place of the individual stands out? That American thought, transilluminated as always by the softened European lights, contains within itself immortal fundaments of the mental hygiene of nation, race, and person? And may we not rejoice, as psychiatrists, that we, if any, are to be equipped by education, training and experience, better than perhaps any other men to see through the apparent terrors of anarchism, of violence, of destructiveness, of paranoia—whether these tendencies are shown in capitalists or in labour leaders, in universities or in tenements, in Congress or under deserted culverts? It is in one

sense all a matter of the One and the Many. Psychiatrists must carry their analytic powers, their ingrained optimism, and their tried strength of purpose into not merely the narrow circles of frank disease, but, like Seguin of old into education, like William James into the sphere of morals, like Isaac Ray into jurisprudence, and above all, into economics and industry.

E. E. SOUTHARD, M.D., Presidential Address, American Medico-Psychological Association, 1919, *American Journal of Insanity*.

A MENTAL HYGIENE COMMITTEE IN FRANCE

A COMMITTEE on mental hygiene has been instituted by the Minister of Hygiene, Assistance, and Social Providence of France. The committee is composed of about forty members—alienists, psychologists, physiologists, managers and magistrates. Dr. Dron, Senator and Mayor of Tourcoing, is its chairman. This committee has instructions to make a study of all questions relating to mental hygiene, psychiatry, and applied psycho-physiology in connection with the various social activities. It will study particularly methods of co-ordinating the efforts of the organization at work in this field, of instigating and encouraging new lines of endeavour, and of disseminating information and advice on the subject of mental hygiene; in short, it will seek to determine the most effective medical and social methods of organizing the prophylaxis and treatment of mental diseases. Methods of testing the aptitudes of school children and of workers who have to do with public safety, will be one of the subjects studied.

MENTAL HYGIENE, July, 1920.

THE STATE AND MENTAL HYGIENE

THERE is just dawning in public consciousness the conviction that a governmental policy of inaction in mental hygiene is wasteful of public money as well as of human life and happiness; that mere adequate accommodation in buildings for the wreckage of mental disorders is poor business at the best; that self-interest and self-protection, if there be no higher plane of action, demand of the state aggressive search for causes of mental abnormality, their removal and prevention; that social service to mental patients in the community, in their homes, in social and industrial relationships, promotes early

recognition of development or progress of mental and nervous disorders; that adequate community organization hastens discharge of such dependents from public institutions, safeguards and extends their home care, and prolongs self-support, delaying or averting their relapse and return to public dependence and minimizing the danger of increase of degeneracy in the future.

OWEN COPP, M.D., The Duty of the State and the Physician to the Mental Patient. *The Pennsylvania Medical Journal.*

BOOK REVIEWS

THE ALMOSTS. A study of the feeble-minded. By Helen MacMurchy. The Houghton Miffin Company, Boston and New York.

We owe Dr. MacMurchy a debt of gratitude for interpreting Smike, Wamba, Mr. Toots, Barnaby Rudge, young Sparkler, and other celebrities depicted by Scott, Dickens, Victor Hugo and Charles Reade in the light of modern psychological study, for we shall return to our old loves with renewed interest, and read and enjoy from a new point of view.

Dr. MacMurchy shows admirable judgment and discrimination in her selection of extracts from the various novelists and poets, illustrating the characteristics of feeble-minded folk, and expresses wise and humane views with regard to the training and protection of mental defectives.

We heartily commend "The Almosts" to our readers.

A. G. M.

THE MENTAL HYGIENE OF CHILDHOOD. By William A. White, M.D. Little, Brown and Company, Boston.

In his preface the author makes known the intention of the book, namely, to throw light on child problems by means of the methods of psycho-analysis, with special reference to sexuality.

The first chapter deals with the relative powers of heredity and environment in fashioning the product, Man, and, in the author's opinion, environment is much the more potent force, since certain mental qualities, not essential to the life of the individual, such as honesty or dishonesty, irascibility, etc., are not necessarily transmitted by heredity.

But here the question arises, are not certain tendencies of mind transmitted by heredity? How, otherwise, can we explain the character differences among the children of a large family, all of whom are presumably in practically the same environment? Or has the scientist something yet to learn about children from wise and observant mothers?

Again, whether elements or tendencies of unconscious thought are inborn is an unsettled question. At the same time, the enormous importance of environment and of early training, and the need of not looking at the child from the adult point of view, are duly emphasized.

Then follows an account of the two primitive instincts, the ego- or self-preservation instinct, and the race-preservation, combined with

pleasure instinct, with their expansion into will-to-power and creative tendencies.

One paragraph is startling. "All creative tendencies are in their ultimate analysis traceable to sex instinct. The work of the artist, the builder, the teacher, the writer, is but the transformation of the energies which have their own origin in the special creative instinct for an act of a creative-sexual nature."

Non-Freudians will probably not agree with this, principally because the "libido" of Freud is generally given too narrow an interpretation. Again, "the will-to-power and the pleasure motive are at the bottom of all conduct." Can this be so? What about duty?

In his sketch of the manifestations and development of the sex instinct the author is distinctly Freudian, but all readers will not hold this an objection, and his views on "sublimation" are sound and practical.

His remarks on education cannot but impress parents and educationalists. He scores a strong point when he says that education should be an exquisitely individual matter. "To the extent that it is made a group affair, it tends to drop into a formalism that is more or less destructive to individual development and initiative."

If only the truth of these assertions were realized certain much-needed reforms in our system of conduct would soon be instituted, especially the establishment of special and industrial classes for mentally deficient children.

One remark on punishment is especially noteworthy. "Punishment becomes a tool to cripple the personality in all its attempts at expression, insofar as they do not fit in with the pre-conceived ideals of the teacher."

The development of the personality through well directed guidance, the importance of play as a means of sublimating sexual promptings, "mother-fixation" and reactions of antagonism, such as conflict between father and son, are explained on the broad idea of sex adopted by Freud.

Probably the most interesting chapter in the book is the historical, in which the author gives an account of the cruelties practised on children in the past by all races, and even at present, more especially by uncivilized races, and makes a strong appeal to extend a normal and humane parent-child relation to a similar relation between the public and the defective and delinquent classes.

Even leaving aside the author's strong leaning towards Freudian doctrines, there is much in the book which appeals to common sense, the various aspects of the child problem are presented with such clear and forceful grasp, and the suggestions made with regard to means of solving difficulties of child welfare and family welfare, show such broad

humanity and clear insight, that this book could be read with profit by all classes of people.

A. G. M.

MANUAL OF PSYCHIATRY. Edited by Aaron J. Rosanoff, M.D., Clinical Director, Kings Park State Hospital, New York. Fifth edition, revised and enlarged. Publishers: John Wiley & Sons, New York, 1920.

This fifth edition of a well-known and important work shows definitely the trend of modern Psychiatry, slow though it may be.

The insertion of such chapters as the one of Psychiatry in Relation to Sociology, and one of Psycho-Analysis, shows that Rosanoff recognizes the importance of such subjects in the teaching of Psychiatry.

The chapter on Psycho-Analysis is largely in the form of well-selected quotations from Freud and a few of his followers.

Rosanoff has evidently not been won over altogether to the teaching of Freud, which is probably to his credit, but it is an evidence of the appreciation of an advancing viewpoint.

The chapter on Psychiatric Social Work is perhaps too brief, and more detail with regard to this section might have been given with advantage.

The extensive and elaborated classification still shows that much work has yet to be done before we can have a concise and clear understanding of mental diseases.

The chapters on Epilepsy and Cerebro-Spinal-Syphilis, to mention only two examples, have been rewritten, and a short account is given of the relation of mental diseases to internal medicine through the endocrine system.

INTELLIGENCE AND SOCIAL VALUATION. A practical method for the diagnosis of mental deficiency and other forms of Social inefficiency. Richard A. Berry, M.D. and, S. D. Porteus. Publications of The Training School at Vineland, New Jersey. Department of Research. No. 20, May, 1920.

The chief object of this work is an attempt to demonstrate that it is possible to discover among school inefficients a large proportion of the potential social inefficients of adult life.

The plan of the authors is "to discuss the standardization and validity of the diagnostic tests, and to show how their results may be synthesized and interpreted."

The first part of the monograph is devoted to a discussion of the relation of brain capacity to mental development. In Part II. the authors deal with the physical, psychophysical and psychological tests used in their method of examination. Part III. deals with the method of synthesizing the results of the various examination methods, in order to present a clear clinical picture of the child.

In order to determine the cubic capacity of the brain 6,700 males and 2,717 girls were examined, while over 1,000 children were examined by the Terman revision of the Binet-Simon scale and by the revised Porteus tests. The results obtained by the authors are both interesting and stimulating, although, as they say, "it must be understood that in each case the whole method should be applied in examination before final diagnosis be attempted, and the results interpreted in the light of the social and educational history and of the medical findings."

The monograph shows careful and painstaking work, and should be of great assistance to those engaged in psycho-pathological work.

REPORT FROM THE DEPARTMENT OF PATHOLOGY AND THE DEPARTMENT OF CLINICAL PSYCHIATRY CENTRAL INDIANA HOSPITAL FOR THE INSANE. 1915-1916 and 1916-1917. Vol. VII. Wm. B. Burford, Contractor for State Printing and Binding, 1919.

This volume contains the reports from the Department of Clinical Psychiatry and Pathology of the Central Indiana Hospital for the Insane for the fiscal years of 1915-1916 and 1916-1917. It is a most comprehensive report. Until recently and even now by many people a hospital for the insane was simply regarded as a place where people suffering from mental disease were thrown and forgotten. Anyone who reads the report of the Central Indiana Hospital for the Insane soon learns that the insane in some institutions at least are getting as intensive care and treatment as is accorded to the sick in any of the other realms of medicine. Each patient is regarded as an individual study and judging from the report, he obtains an examination from every viewpoint of medicine. He is not simply classified as insane and forgotten. He is studied from the psychiatric, neurologic, medical, surgical and chemical standpoint. The Indiana Hospital has also been of great help to the community by giving a full course of lectures at clinics to not only the students of the University of Indiana, but to practising physicians and to the Indianapolis Medical Society. The report is well written and exhaustive in its presentation.

OBITUARY

DR. CHARLES EDWARD DOHERTY

LIEUT.-COL. CHARLES EDWARD DOHERTY, M.D., C.M., died August 14th, 1920, after a few months' illness from nephritis; thus terminated a brilliant career in the Medical Profession, the Canadian Army, and the services of his comrades in arms.

Dr. Doherty was born November 29th, 1872, in Peel County, Ontario. Educated in the Public Schools, Toronto University and Trinity Medical College, where he graduated in 1899. Following post-graduate work in Toronto Hospitals, he went to British Columbia, which was from that time to be his home and was the field in which his very best work was done.

In May, 1902, he was appointed Assistant Medical Superintendent of the Hsopital for Insane but left the service in 1904 to enter private practice. On March 1st, 1905, he was appointed Medical Superintendent of Mental Hospitals for British Columbia and held this position until the time of his death. Under the guidance of Dr. Doherty and as a result of his vision, zeal and ability, the care of the Insane in British Columbia was brought from the simple custodial care to the highly efficient and complicated system of treating insane by modern methods. Under his direction the highly efficient and modern plant at Essondale was organized and developed and Colony Farm placed in the position it enjoys to-day of being the model institutional farm of the Continent.

Dr. Doherty's military career is no less conspicuous than his civil record. He went overseas with the 7th Battalion in August, 1914, was transferred to Medical Services and his ability as an organizer being quickly recognized, he was made A.D.M.S. and recalled to London. In 1917 he was sent to Canada to organize the hospital at Newmarket, and upon completion of this work he returned to B.C. in March, 1918, but was again called for Military Service and appointed A.D.M.S., M.D.XI, which position he held until after the armistice, when he returned to take up his duties at the Hospital for Insane.

As a friend and worker on behalf of returned soldiers he was second to none, and not only took a friendly interest but was an active worker and assumed many arduous duties on behalf of his comrades. He was a strenuous worker while a member of the British Columbia Executive of the G.W.V.A., and so successful was he that his comrades were anxious that he should become president of the Dominion Organization. Un-

fortunately ill-health prevented this and many other splendid works the doctor would dearly have loved to carry out, and death ended a career only well begun, though great things were already accomplished.

Dr. Doherty took an active interest in the Canadian National Committee of Mental Hygiene from the time of its organization in 1918. Through his efforts the Committee made a Mental Hygiene Survey of the Province of British Columbia, in 1919, and, at the time of his death, Dr. Doherty was busily engaged in carrying out the recommendations of the National Committee. Through his death the Committee loses one of its most active Executive Officers, and Mental Hygiene workers throughout the Dominion of Canada will mourn his loss.

CURRENT BIBLIOGRAPHY

Anderson, V. V., M.D. State Institutions for the Feeble-minded. *Mental Hygiene*, July, 1920.

Bailey, Pierce, M.D., and Haber Roy. Mental Deficiency: Its Frequency and Characteristics in the United States as Determined by the Examination of Recruits. *Mental Hygiene*, July, 1920.

Berry, Richard A., M.D., and Porteus, S.D. Intelligence and Social Valuation. Publications of the Training School at Vineland, N.J., No. 20, May, 1920.

Bronner, Augusta F., Ph.D. Individual Variations in Mental Equipment. *Mental Hygiene*, July, 1920.

Campbell, C. Macfie, M.D. The Minimum of Medical Insight Required by Social Workers with Delinquents. *Mental Hygiene*, July, 1920.

Clarke, E. K., M.B. A Survey of Toronto Public Schools. *Canadian Journal of Mental Hygiene*, July, 1920.

Elwood, Everett S. The State Hospital and the Parole System. *State Hospital Quarterly*, May, 1920.

Elwood, Everett S. The State Hospital and the Parole System. *Mental Hygiene*, July, 1920.

Fernald, Walter E., M.D. After-Care Study of the Patients Discharged from Waverley for a Period of Twenty-five Years. *Canadian Jour. of Ment. Hyg.*, April, 1920.

Graham-Mulhall, Sara. After-Care for the Narcotic-Drug Addict. *Mental Hygiene*, July, 1920.

Hodder, Jessis D. Disciplinary Measures in the Management of the Psychopathic Delinquent Women. *Mental Hygiene*, July, 1920.

Irvin, Elizabeth A. An Experiment in the Grading of Children. *Can. Jour. Ment. Hyg.*, July, 1920.

Kraepelin, Emil, M.D. The German Institute of Psychiatric Research. *Journal of Nervous and Mental Diseases*, June, 1920.

Malzburg, Benjamin. Mental Defect and Prostitution. *Eugenics Review*, July, 1920.

Martin, Chas. F., M.D. Psychiatry and Internal Medicine. *Can. Jour. Ment. Hyg.*, July, 1920.

Mathers, A. T., M.D. The Work of the Manitoba Psychopathic Hospital. *Can. Jour. Ment. Hyg.*, July, 1920.

Mental Hygiene Survey of the Province of British Columbia. *Can. Jour. Ment. Hyg.*, April, 1920.

Morphy, A. G., M.D. The Work of a Psychopathic Hospital. *Can. Jour. Ment. Hyg.*, July, 1920.

Mundie, G. S., M.D. The Need of Psychopathic Hospitals in Canada. *Canadian Medical Association Journal*, June, 1920.

Myerson, Abraham, M.D. Out-Patient Psychiatry. *American Journal of Insanity*, July, 1920.

Nelles, Fred C. The Twenty-four Hour School. *Journal of Delinquency*, July, 1920.

Nolan, William J., A.M. Some Characteristics of the Criminal Insane. *State Hospital Quarterly*, May, 1920.

Pollock, H. M., Ph.D., and Furbush, E. M. Comparative Statistics of State Hospitals for Mental Diseases, 1918. *State Hospital Quarterly*, May, 1920.

Polon, Albert, M.D. The Relation of the General Practitioner to the Neurotic Patient. *Mental Hygiene*, July, 1920.

Potts, W. A., M.A., M.D. Criminality from the Eugenic Standpoint. *Eugenics Review*, July, 1920.

Prince, Ethel Anderson. Colonies for Mental Defectives. *Social Hygiene*, July, 1920.

Rogers, Agnes L. The Message of Education Psychology to Parents and Teachers. *Can. Jour. Ment. Hyg.*, April, 1920.

Russel, C. K., M.D. The Feeble-minded in Canada. *Can. Jour. Ment. Hyg.*, April, 1920.

Sandy, William C., M.D. Clinics for Mental Defectives in the State of New York. *Mental Hygiene*. July, 1920.

Schwab, Sidney I., M.D. Influence of War upon Concepts of Mental Diseases and Neuroses. *Mental Hygiene*, July, 1920.

Smith, W. G., B.A. Immigration and Defectives. *Can. Jour. Ment. Hyg.*, April, 1920.

Taft, Jessis, Ph.D. Problems of Social Case Work with Children. *Mental Hygiene*, July, 1920.

Tait, Wm. D., Ph.D. Psychology and Medicine. *Can. Jour. Ment. Hyg.*, April, 1920.

White, Wm. A., M.D. Childhood: The Golden Period for Mental Hygiene. *Can. Jour. Ment. Hyg.*, July, 1920.

Woods, Erville B. Heredity and Opportunity. *American Journal of Sociology*, July, 1920.

SERIAL

P
Med
C
v.2

Canadian journal of mental hygiene

GERSTS